1 Hall on Mucous

2 Fincham on the Chlorides

3 Journal Hebdomadaire de Medicine

4 Cruveilhier – Anatomie ~~Pathologique~~
Pathologique du Corps Humain

5 – Remarks on Public Education
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6 Select Notices of Universities & Schools

7 Brookes – Address to Zoological Society

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Italian Memoirs

Findlay on the Glaciers.

Journal Edinburgh de Medecine.

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Brooke & Kemp. to the Linnean Society.

Sir J. Nicholl's Judgement in the case Dow v. Clarke

Sur la Cause de la Cristallisation.

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ON THE

# MIMOSES;

OR

A DESCRIPTIVE, DIAGNOSTIC, AND PRACTICAL ESSAY,
ON THE AFFECTIONS USUALLY DENOMINATED
DYSPEPTIC, HYPOCHONDRIAC, BILIOUS, NERVOUS, CHLOROTIC,
HYSTERIC, SPASMODIC, ETC.

BY

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EDINBURGH.

*Τοισι δε πλειστοισι των τοιουτων φαινομενων, ουχ* 'EN *τι των τουτων κακων φαινεται, αλλ' εστιν ὁτε* ΠΟΛΛΑ, *η και* ΠΑΝΤΑ.

'ΙΠΠΟΚ. *Προρρητικον. β*

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ETC. ETC. ETC.

*SIR,*

*YOUR indulgent expression of approbation of my former Work, and your condescending acceptance of the dedication of the present one, constitute at once the most ample reward and the greatest encouragement of my efforts to contribute to the advancement of Diagnosis and the History of Diseases.*

*With every sentiment which the most profound respect can inspire,*

*I remain, SIR,*

*Your most obliged Servant,*

*MARSHALL HALL.*

*Nottingham, August 28th,* 1818.

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ON THE

# MIMOSES.

1. THERE is a Class of Disorders, each of which is singularly characterized by being COMPLEX, MULTIFORM, VARIOUS, AND CHANGEABLE, AND BY IMITATING, FROM THE APPEARANCE AND PREDOMINANCE OF PARTICULAR SYMPTOMS IN PARTICULAR INSTANCES, OTHER DISEASES VERY DIFFERENT IN THEIR NATURE.

2. These affections have been variously and perhaps too exclusively attributed, by some authors, to a state of derangement in one or more of the chylopoetic viscera; and by others, to an unequal and undue distribution of the blood, by which a state of arterial excitement or of venous

congestion is induced in some particular organ, or in some particular part of the sanguiferous system. I have scarcely ventured, in this work, to enter into any speculation relative to the pathology of the affections of which it treats; for this part of medicine, notwithstanding the ingenuity of some late theorists, seems scarcely to have advanced from the state of conjecture and uncertainty described by Celsus, whose words* are still, in every sense, but too admissible. My object has rather been to present the reader with what a cautious and patient observation has taught me respecting the History,—the causes, description, diagnosis, and treatment, of these disorders.

3. And as the real nature and connexion of the general and topical affections in these complaints, may frequently be dubious, I have deemed it advisable to appropriate some new term,

* Cum hæc per multa volumina, perque magnæ contentionis disputationes, a medicis sæpe tractata sint atque tractentur; subjiciendum est, quæ proxima vero videri possint. Ea neque addicta alterutri opinioni sunt, neque ab utraque nimium abhorrentia; media quodammodo inter diversas sententias: quod in plurimis contentionibus deprehendere licet, sine ambitione verum scrutantibus, ut in hac ipsa re. Nam quæ demum causæ, vel secundam valetudinem præstent, vel morbos excitent, ne sapientiæ quidem professores scientia comprehendunt, sed conjectura persequuntur. Cujus autem rei non est certa notitia, ejus opinio certum reperire remedium non potest. Verumque est, ad ipsam curandi rationem nihil plus conferre, quam experientiam.——Celsi Præf.

which might, without implying any opinion on this subject, sufficiently express a prominent and important feature of this class of morbid affections. The denomination MIMOSIS, from the Greek word μιμος, *imitator*, will at once denote a remarkable peculiarity of these disorders, and serve to impress the mind with the necessity of distinguishing, in Local Affections, between those which belong to the present Class, and others which are either primary, or have a different origin.

4. For a similar reason, I have discarded the terms bilious, nervous, spasmodic, &c. as denominations for diseases; and have reserved them only to denote certain symptoms of morbid affections. In the latter sense, their import is generally understood and sufficiently definite; but in the former, they could only serve to satisfy the mind with vague conceptions of the affection, and to check the investigation of its particular and individual nature.*

5. It was originally intended to publish the following Essay in a larger form, accompanied by representations of the complexion, tongue, tinge of surface, and of the hands. It is now

* See the author's treatise on DIAGNOSIS, Part I. pp. x, 2—3.

found necessary, however, to leave the task of procuring plates to some one more fortunately situated, or at least to a subsequent period. In the mean time the text, it is hoped, will be found a faithful portrait from Nature, not unacceptable to the reader of practical medicine.

# CHAP. I.

## THE MIMOSIS ACUTA.

### SECTION I. DESCRIPTION, WITH CASES.

6. THE form of Mimosis of which an account is attempted in this chapter, appears scarcely to have obtained a place, or at least not to have been fully described, in medical writings; and from the great diversity and complication of its symptoms in different instances, and from the occasional prevalence of one particular symptom over the rest, it is probable that, even in practice, it has sometimes been mistaken for some other affections. In order to assist the distinction of this case in future, it will be the object of the author, first to detail the symptoms which characterize the complaint in general; and, in the second place, to enumerate those particular symptoms, which are apt, in certain instances, to engross the attention of the patient and of his friends, and even to occasion some difficulty and embarrassment in the diagnosis, to the medical practitioner.

7. In order to facilitate the description, the Mimosis Acuta will be considered under two forms, differing only in degree,—in the greater or less severity of its symptoms in general, and in the presence or absence of some of the severer symptoms. These two forms of course admit of all intermediate shades.

8. The Mimosis Acuta, even in its severer form, comes on insidiously, and the patient gradually becomes incapacitated for business or his usual exercise; the less severe form occurs more gradually and insidiously still.

9. The severer form of the Mimosis Acuta is early and principally characterized and distinguished by the concurrence of the following symptoms; namely, WEAKNESS, TREMOR, FLUTTERING, FAINTISHNESS, TENDENCY TO PERSPIRATION, SUSCEPTIBILITY TO HURRY AND AGITATION, AND LOSS OF FLESH.

10. The countenance is rather pale and thin; the lips are pale, and, with the chin, frequently tremulous, especially on speaking; the surface of the face is generally affected with an appearance of oily, clammy, and swarthy perspiration, especially near the nose; there is a loss of colour and usually a degree of sallowness and darkness

of the complexion in general, but principally about the eyes.

11. The tongue is almost invariably loaded:—sometimes only slightly, whilst its edges are clean and red;—at other times it is more loaded, swollen, and œdematous, formed into deep sulci or plaits, and marked by pressure against the contiguous teeth, the inside of the cheeks being also impressed in the same manner; the papillæ of the tongue are numerous and enlarged; the gums red and swollen; the teeth and the mouth in general foul, and the breath loaded and fœtid;—in a third instance the tongue may, however, be clean, but lobulated, whilst the internal mouth and breath are little affected. The first state of the tongue is observed when the affection has not continued long; the second, when its accession has been particularly slow and gradual; and the third, when a similar but chronic state of disorder has long subsisted, and has, at length, been succeeded by the Mimosis Acuta.

12. There is a tendency to perspiration on slight exertion, or any surprise, and, sometimes, in the night or early in the morning; the skin is in general cool, rather moist, and clammy. The hands are apt to be cold; and the nails occasionally assume a lilac hue.

13. The patient is usually affected with great tremor, observed on holding out the hand, on carrying a cup of tea, for instance, to the mouth, on attempting to stand erect or walk, or on being fatigued or hurried. The patient is liable to experience faintishness in the upright position if sustained for a little time. And he feels unaccountably feeble and weary.

14. There is an early and daily loss of flesh. This, as well as the restoration of flesh during recovery, may be ascertained by weighing, as exemplified in some of the cases of this affection to be given hereafter.

15. The patient experiences headach and vertigo, and he is nervous, and easily hurried and agitated. There is sometimes heaviness for sleep; sometimes great wakefulness and restlessness. There is almost universally a peculiar sense of fluttering about the heart and pit of the stomach. And there is frequently an acute pain in some part of the course of the colon.

16. The appetite is generally much impaired, and there is often loathing of food; but sometimes the appetite is even greater than natural, and there is almost constant craving. The digestion is various, being sometimes quick, and

at other times attended with great sense of load, distention, flatus, eructation, hiccough, and even vomiting. The bowels are at first constipated; afterwards constipation and diarrhœa alternate, and sometimes the latter symptom becomes nearly permanent: the motions, during the constipation, are small, during the diarrhœa, scanty, extremely fœtid, dark coloured, often accompanied by blood, and frequently attended by tenesmus.

17. The urine is extremely loaded in the commencement of the Mimosis Acuta, but may become perfectly transparent during its continuance; it is often high coloured; and like the other symptoms the appearance of this secretion is very liable to change.

18. Besides the symptoms just enumerated, there are others which prevail more or less in almost every case; but they are, on the whole, less constant and more diversified; and of these one sometimes predominates so much over the rest, as to engross the attention of the patient and sometimes of the practitioner, too exclusively. The secondary affection is then considered as idiopathic, and the symptom is apt to be treated as the disease. It is therefore of the utmost importance to present the reader with

the following distinct enumeration of these symptoms:—

1. HEADACH; VERTIGO; STUPOR; ETC.
2. COUGH; VISCID EXPECTORATION.
3. PAROXYSMS OF OPPRESSIVE DYSPNŒA.
4. PALPITATION OF THE HEART; FREQUENCY AND IRREGULARITY OF THE PULSE.
5. FREQUENT AND VIOLENT HICCOUGH; VOMITING OF FOOD.
6. SOME CONVULSIVE AND SPASMODIC AFFECTIONS.
7. PAIN IN THE EPIGASTRIC, OR ONE OR BOTH OF THE HYPOCHONDRIAC, OR CHONDILIAC REGIONS.
8. CONSTIPATION; DIARRHŒA; TENESMUS.
9. MELÆNA.
10. ICTERUS.
11. SEVERE PAINS OF SOME OF THE LIMBS.

19. The diagnosis in these cases will be attempted in the section appropriated to this subject. At present it is of importance to remark that in most instances, even where one of these symptoms is particularly marked and severe, several concur, and are experienced in a mitigated form, affording a characteristic feature of this disorder and a principal source of discrimination; for whilst most local diseases are denoted by being simple, and definite, this affection is distinguished by its multiplicity, and by apparently conjoining many or all disorders in one,—Ουχ 'ΕΝ τι των κακων φαινεται, αλλ' εστιν ὁτε ΠΟΛΛΑ, ἡ και ΠΑΝΤΑ.

20. This form of Mimosis is also characterized, although less so perhaps than the more chronic and continued forms of this affection to be described hereafter, by being variable,—better and worse,—with this or that prevailing feeling or symptom;—changes chiefly induced by bodily fatigue, mental agitation, or errors in diet.

21. By an attention to the circumstances detailed, § 18, and by a reference to the general symptoms of the Mimosis Acuta, §§ 9—17, the different secondary affections may be generally distinguished and identified, in their connexion with the primary disorder. It should, however, ever be borne in mind that an idiopathic and organic affection of some part may co-exist with the Mimosis Acuta. The diagnosis is then often very difficult. It is frequently only ascertained when the state of disorder constituting Mimosis, is removed. The prognosis should therefore be given with caution.—Another circumstance suggesting caution in the prognosis, is the possibility of the *transition* of the state of disorder into that of disease, which is not unusual in those parts and organs which are, at first, only affected in a secondary manner.

22. In the less severe form of the Mimosis Acuta, the debility, tremor, loss of flesh, and

tendency to faintishness and perspiration, § 9, are less observed, although perhaps not altogether absent.

23. In this form of the Mimosis Acuta the countenance is rather sallow, and its surface is more or less affected as in the severer form described above. The tongue and the internal mouth are often affected in the severer degree described, § 11. The patient is incapable of pursuing any laborious employment. He is prone to perspire from a slight exertion. He perhaps experiences some loss of flesh. He is low spirited and listless. The appetite is sometimes impaired, but sometimes craving. And he suffers from the symptoms described §§ 15, 16, 17, and from the complications enumerated § 18, only in a milder form than the subject of the severer case of Mimosis Acuta.

24. Besides the symptoms enumerated § 18, the less severe and more continued form of the Mimosis Acuta, is sometimes attended with one of the following affections:—furunculi; paronychia; hordeola; purpura; erythema nodosum; ulcerations or pustules with inflammation of the conjunctiva; a general decay of the teeth.

25. But there is still another point of view in which the Mimoses in general must be re-

garded, namely, as the most common *cause*, perhaps, after inflammation, of the different cases of ORGANIC DISEASE,—as will be noticed more particularly hereafter.

26. It may now be proper to confirm the description of the Mimosis Acuta just given, by a selection from the CASES from which it has been taken :—

27. CASE I. The first case of the Mimosis Acuta which I was enabled to distinguish, was that of Mr. M aged 25.—He had, as I understood, been treated for *Fever*, principally by the pulvis antimonialis, for several weeks.—He was, on my first visit, affected with tremor, debility, tendency to perspiration, and had suffered a considerable loss of flesh. The tongue was affected with enlarged papillæ, indented, and much loaded; the breath was extremely fœtid. The pulse was frequent. He complained of pain in the left hypochondre.—These complaints were soon removed by a course of gentle purgatives.—This patient was employed in the sedentary occupation of the lace frame.

28. CASE II. The second case occurred soon after the former, and was noted rather more particularly.—Mr. S. aged 25, had been indisposed

several weeks when I first saw him, and had left Nottingham for the country; he had taken saline powders principally, and I therefore judge that his complaint had been deemed *Fever;* it had made very considerable progress in inducing a loss of flesh and of strength. The countenance, especially the lips and chin, was affected with a tremulous movement on speaking; there was an expression of great debility; the prolabium of each lip was palish. He was scarcely able to walk or stand erect, in attempting which he tottered and trembled; and there was a manifestation of great feebleness in the general manner. The skin was moist. The tongue was affected with enlarged papillæ, much loaded, and indented; the mouth in general was very disagreeable, and the breath tainted and fœtid. The pulse was frequent, and easily and greatly accelerated. He was extremely nervous, and easily agitated. He had no appetite. The bowels were costive, with scanty and offensive stools. The urine deposited a most copious sediment.—The friends of this patient suspected an attack of *Consumption.*—The affection yielded very soon to the administration of purgative medicines.

29. Case III. J. S. aged 30. He had been ill during three months before his application to me, having been affected at first with constipa-

tion of the bowels, which yielded to a state of diarrhœa, with *discharges of blood* by stool. He had suffered much loss of flesh and strength. I made the following short note on first seeing this patient:—the countenance is rather pale, with a little appearance of oily or clammy perspiration; the tongue is much loaded; he is much thinner than when in health; feeble; tremulous on holding out the hand; he becomes faint when standing upright; he is nervous and easily flurried and agitated; he has suffered from headach and vertigo; he has experienced much sense of fluttering in the region of the heart; he has no cough, and has not had hiccough.—He became soon better, in every respect, from taking the pil. hydrarg. and magnesia with rhubarb and pimento.

30. Case IV. Mrs. F. aged 24. She was married five months ago and supposes herself pregnant. She began to be indisposed seven weeks ago, becoming affected with sickness, load and wind at the stomach, hiccough, lowness, weakness, and loss of flesh.—The following note was taken on visiting this patient:—The countenance is rather pale and the eye-lids dark. She has lost much flesh. Complains of weakness. She is easily hurried by surprise, and she then complains of a sense of fluttering at the pit of the

stomach. There is no sweating. She suffers from headach sometimes. She is sleepless during the night. She sighs frequently. There is no cough. Much hiccough, a sense of load and wind at the stomach, eructation, and sometimes sickness and vomiting. The appetite is very bad. The bowels costive. The catamenia are suppressed and the mammæ enlarged.—This patient proved to be pregnant.—She recovered slowly and gradually, from the use of purgative medicines.

31. The two following cases present the appearances in the Mimosis Acuta, in its less severe form:—

32. Case V. *July 8th*, 1818. Mr. S. F. aged 22. He had worked during one year in the lace frame, principally during the night, when he became affected with the following complaint, about four months ago. He first experienced an unusual degree of weakness, which incapacitated him for his employment; he then complained of a propensity to sweating on any slight exertion or emotion, with pain of the head, loss of appetite, constipation, &c. At first too, he lost his flesh rather rapidly, to the amount, as he supposes, of about 14lb. The countenance became palish and sallow, and he was told that he

had a *Liver Complaint*. The general weakness increased, and a degree of trembling was observed when he lifted his cup of tea to his mouth, when he attempted to walk or underwent any fatigue.—At present the prolabia are rather pale, the face near the nose is affected with an oily perspiration, the eye-lids are dark, and the general complexion is of a palish, sallow appearance. The albuginea is perfectly white. The tongue is white, loaded, and clammy. He perspires more than usual on any exertion. He has no headach or vertigo now, and has had no cough at any time. There is a sense of fluttering about the heart and stomach, especially on lying down. He says that he is low spirited, and does not like to be long alone or still. His appetite is still impaired; he complains of a sense of load at the stomach, with eructation, but he has no hiccough. The bowels are open. The urine was at first much loaded, but it is less so now. He complains of shifting pains about the limbs.—These complaints have been nearly stationary lately, the progress they appeared to be making at first having been arrested.—The patient became gradually better, after the date of this report, by taking opening medicines, bathing, and using gentle exercise with a change of air.

33. Case VI. Mr. E. J. aged 28, a tailor. This patient has felt indisposed for a year or more, from recurrent pain of the head, and in the left hypochondriac region; with an irregular state of the bowels,—constipation alternating with diarrhœa,—the stools being extremely fœtid, scanty and dark-coloured.—Five weeks ago he became more seriously indisposed, and incapacitated for work, from faintishness, weakness, tremor, tendency to sweating, looseness of the bowels, a loaded state of the tongue, mouth, and breath, and dryness of the throat, but without any manifest loss of flesh.—At present the countenance appears rather bloated, dark in complexion, with a clammy oily moisture. The tongue, gums, and internal mouth are considerably affected, and there is a degree of salivation, which has been observed for a month or two. The skin is cool, and there is a tendency to perspiration on any exertion of body or agitation of mind. He complains of weakness, trembling, and faintishness; and of sweating whenever he is surprised or hurried, which readily happens. His sleep is sometimes disturbed by dreams. The appetite has always been tolerable. The bowels have generally been loose, especially in the night, and the stools scanty, offensive, and dark-coloured.

The following is the patient's own account of his complaints:—"I have long had occasional pain of the head, and in the left side under the ribs; my hands tremble very much when I have been at work; I feel faint and weak; I sweat much; I have suffered much from purging during the last four months, having sometimes had six or seven motions in the course of a night; I suffer much from a sour and disagreeable taste in my mouth, and experience dryness with phlegm in my throat, and a sensation of hairs on my tongue."—This patient's complaints were ascribed to a too assiduous attention to his sedentary business, which he was induced to pay from feeling the pressure of a young and numerous family.—He is already much better from employing, only for a short time, mild purgative medicines, gentle exercise, daily bathing in the Trent, and a light nutritious diet; but the cure is now less rapidly progressive than at first, a circumstance very usual in this affection.

34. Having thus given a condensed view of several cases of the Mimosis Acuta, in both its forms, I shall now proceed to state the particulars of some other cases more in detail:—

35. Case VII. Mrs. K. aged 32. She was affected by a complaint similar to the one about

to be described two years ago. There were tremor, loss of flesh, and great frequency of the pulse. The affection was deemed incipient *Phthisis* by an eminent practitioner. The affection receded, but returned in August, 1817. The first symptoms then observed were a yellowness and darkness of complexion, inducing some apprehension of *Jaundice;* loss of flesh; weakness in walking; a tendency to stooping in walking or sitting; great tremulousness of the countenance in speaking, and of the hand when held out; tendency to perspiration both during the night and day. There were occasionally, and especially at first, violent headach, and at other times, vertigo. Twice, on going to bed, there was violent palpitation of the heart, rendering the erect position necessary, and attended with coldness of the feet. The pulse varied from 120 to 130. The *appetite* was *greater than natural.* The bowels are said to have been regular.—This patient residing at a considerable distance from Nottingham, and the nature of her complaint being unknown to me, I corresponded with Mr. K. and in order to ascertain whether a journey to Nottingham were really necessary, I begged that a register might be kept of the WEIGHT of the patient, from time to time. Of this register the following is a copy:—

*On August the* 18*th*, 1817, *the weight was* 106*lb.*
*On*.....25*th*, ...., .....105½*lb.*

A journey having been taken at this time,

*On September the* 1*st*, *the weight was*..... 105*lb.*
*On*..... 8*th*,.....105½*lb.*
*On October*..... 6*th*, .....106*lb.*

The patient having returned home,

*On November the* 3*d. the weight was*.....103½*lb.*
*On* .....7*th*, .....101*lb.*
*On* .....17*th*, .....98½*lb.*
*On* .....26*th*,.....96½*lb.*
*On December the* 1*st*, .....93½*lb.*
*On*.....6*th*, .....92½*lb.*

At this period it was judged expedient that Mrs. K. should come to Nottingham.—The countenance then appeared thin, rather sallow, and with a dark ring round the eyes. The tongue was clean and moist, but lobulated, somewhat in the manner of some parts of the cerebellum. There was considerable tremor in speaking and in holding out the hand. There was considerable emaciation. Still some headach and vertigo. The pulse was about 130, sometimes even 140. Some days before there had been palpitation of the heart on going to bed. No cough. No shivering. The appetite was great. The bowels said to be regular.—Mrs. K. was now recommended a course of purgative medicines.

—The countenance gradually improved, both in flesh and colour; the strength returned; there was a greater capability of exertion; the flesh was restored in the following manner:—

*On December the* 15*th, the weight was* 94 *lb.*
*On*.....22*d*.....96 *lb.*

The pulse was often as low as 114 and 116, but was still easily accelerated.—At this period Mrs. K. returned into Lincolnshire. During the week before January 16, 1818, she had gained two pounds. The amendment continued progressive, and in July the weight was stationary at 106 lb. The pulse was nearly natural, and the tremor and debility had disappeared. The interval had been occupied in travelling. The use of the purgative medicines had been continued, and a little ale and a nutritive diet had been allowed.—The affection had been previously deemed a *Disease of the Heart*, and had been treated with the digitalis.

36. Case VIII. Mr. D. S. aged 53. He was indisposed nearly in the manner about to be described, in May, 1817. The complaint had come on slowly and gradually. It was removed by pills composed of the pil. hydrarg. and rhubarb.—The affection returned, and made at first a slow, and afterwards a more rapid pro-

gress. In November last, he became incapable of supporting the fatigue of an easy occupation. About Christmas his complaint made serious advances, and I saw him again on January the 5th. On this day he was affected with an emaciated countenance, a tremulous state of the lips, a darkness of complexion, and a clammy perspiration on the cheeks near the nose. The tongue was loaded, especially at the back part, with bright red papillæ at the point, and redness of its sides, and it exhaled a halituous moisture; the breath was extremely fœtid. He was extremely feeble, almost incapable of walking, and affected with great and constant tremor, and with a sense of weariness. There had been great loss of flesh: in September he weighed 9st. 7lb. and on this day only 8st. 11lb. There was great perspiration during the night, but no febrile heat. The finger nails had assumed a pale lilac hue. There was little headach, but great vertigo, and faintishness when upright. Restless and sleepless nights. No cough. Frequently rapid, violent, and irregular *palpitation of the heart*, often without external exciting cause. The pulse was frequent and extremely irregular. There has been much hiccough; at a previous period this symptom had been violent, painful, and almost constant, during fifteen days. Twice

there had been vomiting. The appetite was much impaired. The bowels were early *laxative;* but the stools were scanty, dark coloured, and fœtid.—To this date, January 31, 1818, the symptoms have gradually declined:—the countenance is improved, the strength much restored, the tremor diminished, and he has this day walked a distance of three miles to Nottingham; the appetite is better, and the hiccough has ceased. The stools are more natural in colour, but still offensive. The following is the register of this patient's weight to this period:—

| | | |
|---|---|---|
| *In September* | 9*st.* | 7*lb.* |
| *On January the* 5*th* | 8*st.* | 11*lb.* |
| *On* 12*th* | 8*st.* | 6*lb.* |
| *On* 19*th* | 8*st.* | 6*lb.* |
| *On* 26*th* | 8*st.* | 9*lb.* |

So that by the use of purgative medicines, the progress of the emaciation has been successively diminished and arrested, and a degree of flesh has been restored.

February 23. It has been stated that on the day of the last report, the patient walked three miles; the fatigue of this exertion was too great for his strength although much restored; and from this cause, or from partaking greedily of celery, or from having neglected his purgatives, he experienced a most serious relapse.—The en-

suing week he lost 3lb. in weight. He became affected with constant and violent *hiccough*, which continued night and day. There was a complete interruption to sleep and repose. The debility, weariness, and tremor returned. The head was affected with vertigo. The pulse was extremely irregular.—The purgatives were repeated; pills, containing opium and hyosciamus were prescribed; and afterwards an enema with eighty drops of the tinctura opii.—During the second week, he again regained 2lb. of flesh; the hiccough ceased; rest was procured; and he again became renewed in strength.—This improvement still continued, and on

| | | |
|---|---|---|
| *February the* 16*th, he weighed* | 8*st.* | 6*lb.* |
| .....23*d*,..... | 8*st.* | 8*lb.* |
| *March the*....2*d*..... | 8*st.* | 9*lb.* |
| .....9*th*..... | 8*st.* | 8*lb.* |
| .....16*th*..... | 8*st.* | 9*lb.* |
| ..... 23*d*..... | 8*st.* | 12½*lb.* |
| .....30*th*..... | 9*st.* | 0*lb.* |
| *June the*....30*th*..... | 9*st.* | 4*lb.* |

It is remarkable however that this patient's improvement in flesh was not attended with a *proportionate* amendment in strength and general health. He still remained feeble and tremulous; he complained extremely of *pain, lameness, and weariness* in the loins, arms, and legs; he had once more a severe attack of hiccough,

which was much relieved by taking white wine vinegar in doses of a teaspoonful.—He continued his opening medicine, which consisted principally of rhubarb, and he has all along taken ale. —The following is the patient's own list of his complaints during the course of his indisposition:—"trembling, weakness, weariness, faintishness, loss of flesh, cold and greasy perspirations, sleepless nights, pain of the head, dizziness, palpitation of the heart, hiccough, disagreeable breath, loss of appetite, a continued lax, weakness and bearing-down of the bowels, much pain and lameness of the limbs."

July 27. This patient has lost 2lb. of *flesh* during the last month;

*On July the* 13*th, he weighed*....9*st.* 3*lb.*
*On*.....27*th*.....9*st.* 2*lb.*

but he states that he has gained *strength* notwithstanding, and that the muscles appear to be firmer on his limbs. The tremor is very much less. His lameness, principally in the shoulders, is much diminished, and he has now no pain. The tongue is still loaded. The nights still restless. The bowels less loose. The appetite improved. There has been no hiccough lately. There is still some degree of the sense of fluttering about the heart, and the pulse is 84, and not quite regular.—He considers himself better, and

intends to resume his usual occupation in a few days. But he is evidently in a state of health altogether precarious.

August 31. My patient has continued to improve in appearance, strength, flesh, and general health, and there is now a hope of permanency in this amendment. He has continued to take rhubarb principally, with a little ale, and a nutritious diet; he is enjoined daily exercise, bathing during the warm season, and sponging when it becomes cold.

37. Case IX. The last case which I shall detail in this place, will afford another instance of the extreme diversity in the history of this affection.—Miss M. A. aged 19, employed at the tambour. Two years and a half ago she became affected with loss of flesh, great weakness, faintishness, palpitation, fluttering about the heart, vertigo, headach, and general nervousness; she was at the same time easily startled and affected with agitation and trembling. Four years ago she was affected with *Melæna*, and again two years and a half ago, together with the symptoms just detailed.—She seemed to recover from these complaints and was in better health during the summer of 1817. In October she again became affected with the symptoms of the Mimosis Acu-

ta, and she had again melæna with the other symptoms. She took the pil. hydrarg. with rhubarb, and has never since had any discharge of blood. She recovered rapidly during several weeks. Her complaint then became stationary, and afterwards worse. She took to bed, and continued almost constantly *in bed* for twelve weeks. She continued her pills, and united the most nourishing diet she could obtain, with a little ale. A month ago she rose from her bed, and has since gradually improved in strength and somewhat in flesh.—At present the countenance is pale; she is very feeble; she however trembles less; she has some appetite; the bowels are kept open by pills of rhubarb; the tongue is whitish. She seems to be recovering, and complains most of vertigo and pain of the head, of fluttering, of occasional palpitation, of faintishness, weakness, &c.

38. The extreme variety in the History, the form, the course, and the duration, of the Mimosis Acuta, will be sufficiently evident from the cases thus detailed. The accession of this affection is usually slow and insidious, as before stated; but it is now and then developed, and apparently occasioned, by the occurrence of some other indisposition, or of an accident.

39. It is a question of great interest, how far the original affection, the complications, and the changes, in this multiform complaint, are to be viewed in the light of causes and of effects. But I dare not enter into this discussion at present. I shall only observe that this connexion seems often to be distinctly observable; and that the functional derangements have appeared, in some instances, to have undergone the changes denoted by the term metastasis, the affection of one organ having been nearly forgotten by the patient, whilst the derangement of another has engrossed his attention:—in one case the patient had laboured from symptoms of organic disease of the heart for several years; this was at length almost forgotten, and his chief complaint was an alarming degree of vertigo.

40. The amendment from the employment of the course of gentle tonic purgatives to be noticed more particularly hereafter, is often rapid, and in cases of short duration, and especially in youth, the cure is soon effected; but in cases of longer duration, when the constitution has suffered materially, and when the age of the patient is more advanced, the progress towards amendment is slow, and apt to be interrupted, —especially by errors in diet, imprudent exertions, and accidental agitations of mind. The severer

form of the Mimosis Acuta is rapid in its course; the less severe form may continue, or be protracted, for several years; the two forms may pass into each other respectively; and each may be variously complicated at different periods.

41. Some of the accessory affections too, may assume the serious and alarming character of disease, especially those of the head, heart, lungs, liver, stomach, or bowels.

42. The chance of cure is in an inverse ratio to the age of the patient, to the previous duration of the complaint, and to its effect in undermining the general system, or in inducing local organic derangement.

43. In conclusion of the History of the Mimosis Acuta, I must regret my ignorance of the morbid anatomy of this affection. This subject will not, however, be neglected if opportunities for dissection should be offered to me hereafter.

☞ I have noticed the WEIGHT of patients affected with the MIMOSIS ACUTA. I intend hereafter to pursue this subject in relation to CHRONIC DISORDERS and DISEASES in general. The investigation would appear, a priori, to lead to some useful information relative to the DIAGNOSIS and PROGNOSIS; it will be conducted by means of a simple machine nearly of the form of a common chair,—and of course with the precautions necessary to insure accuracy.

## SECTION II. THE DIAGNOSIS.

### I. THE DIAGNOSIS OF THE GENERAL AFFECTION.

44. THE Mimosis Acuta, in its severer but simpler form, has, I think, been generally mistaken for FEVER; in its less severe form it is necessary to distinguish this affection from obscure and INSIDIOUS ORGANIC DISEASE; and in its complications, the Mimosis Acuta must be carefully discriminated from an original and local disease of the part symptomatically affected.

45. From every kind of Idiopathic Fever, with which the Mimosis Acuta agrees in apparently affecting the whole system or many organs at once, this affection may be distinguished by an attention to the HISTORY of the case, and to the PARTICULAR CONCURRENCE OF SYMPTOMS.

46. From the FEBRIS BREVIS* the Mimosis Acuta differs entirely in its History. The former is quick or sudden in its accession and of short duration; the latter is insidious and gradual in

* See the treatise on DIAGNOSIS, Part II, § 1.

its formation, and of more or less considerable continuance. The mistake, however, *may* be made, if reference be not had to this circumstance; for the general aspect of the patient, the countenance, the tongue, the surface, and some of the symptoms, are very similar in both affections.

47. From the FEBRIS ACUTA* the Mimosis Acuta is at once distinguished by the absence of the suffusion and tumidity of the countenance, and of the heat, tumidity, softness, injection, and dryness of the general surface, so characteristic of that kind of Fever. In the Febris Acuta there is more urgency and acuteness of complaint; the patient is obliged to *betake himself to bed;* the head is more, or more constantly affected; and the breathing more anxious and hurried, whilst there is an absence of the symptoms detailed, § 9. The History of the two affections is also very dissimilar, the Febris Acuta generally following some manifest exciting cause, and being formed quickly, and thus affording a striking contrast with the insidious formation of the Mimosis Acuta.

48. From the FEBRIS LENTA† the Mimosis Acuta is distinguished by an attention to the

* See the treatise on DIAGNOSIS, Part II. § 2. † Ibid. § 4.

state of the countenance, of the general surface, and of the tongue; to the peculiar concurrence of symptoms; and to the History of the affection.—In the Febris Lenta the countenance is often partially flushed, the surface *becomes* dry, with a burning heat, and the skin harsh and exfoliating, a state sufficiently contrasted with the cool and clammy condition of the countenance and general surface, and the tendency to perspiration, observed in the Mimosis Acuta; in the Febris Lenta, the tongue is at first whitish, and afterwards clean, perhaps morbidly clean, red, smooth, and dry, whilst the breath is little tainted, a sufficient contrast to the state of tongue in the Mimosis Acuta, § 11. In the Febris Lenta the patient suffers perhaps from vertigo, but there is little faintishness or fluttering, and, in general, no tendency to perspiration; the patient is rather torpid than nervous, and less alive to those circumstances which are apt to induce so much hurry and agitation in the Mimosis Acuta, and the Fever is altogether a less multiform and multiplex affection. The patient affected with the Febris Lenta perhaps sits up for a time; then becomes gradually worse and obliged to remain in bed and in the horizontal position; he is in this manner for a longer or shorter period in an inactive state, and at length as gradually recovers or sinks: in the Mimosis Acuta the patient gener-

ally remains all along out of bed, or at least much longer than in the former case; and the affection changes and varies more in its severity and in its form, both in its beginning and decline.

49. The Febris Gravis* is distinguished from the Mimosis Acuta by the peculiar aspect and appearance of the patient, which are generally *recognized* by those who have noticed them with attention:—there is a look of great weakness and oppression, and the patient appears altogether incapable of supporting himself in the erect position, or of undergoing the slightest fatigue. The Febris Gravis is early attended with dulness, pain, or vertigo about the head, and with *peculiar* aching pains of the limbs and loins. There are sometimes burning heat and a degree of harshness, sometimes a cool moisture, of the general surface. The tongue is at first loaded but generally soon becomes parched, dry, and cracked. The bowels are torpid.—The Febris Gravis is generally formed rapidly, and the patient usually betakes himself early to bed.—These circumstances sufficiently distinguish the Febris Gravis from the Mimosis Acuta.

50. I shall now proceed to draw the Diagnosis between the less severe form of the Mimo-

* See the treatise on Diagnosis, Part II, §§ 6, 7.

sis Acuta and Insidious Organic Disease. In the first place, the latter affection presents a complete contrast with the character of the Mimoses in general, stated § 1;* it is distinguished by its *definite* form, and by a regular, slow, progressive, and almost *unvaried* course, during which the patient becomes gradually affected with paleness, debility, and emaciation, with comparatively little tremor.—The countenance becomes pale, and thin, with long and deep wrinkles, but generally remains free from tremor, except in phthisis pulmonalis, and it is *peculiarly* expressive of disease. The muscular strength becomes gradually much impaired; but this loss of strength differs from that observed in the Mimosis Acuta, in being unattended with the remarkable degree of tremor observed in the latter affection. The general surface is without the peculiarity observed in the Mimosis Acuta, § 12. There is generally an absence of the headach or vertigo, the faintishness, the sense of fluttering, the nervousness, the tendency to cold perspiration, and of the complexity, observed in the Mimosis Acuta, §§ 9—18. The tongue, internal mouth, and breath are comparatively little affected.—At length the emaciation becomes extreme; the ankles become œdematous; and anasarca, or ascites may supervene.

* See also the treatise on Diagnosis, Part II. § 182.

51. The reader will bear in mind, at the same time, the possibility of the transition of the Mimosis from the state of Disorder to that of Organic Disease, already adverted to, §§ 21, 25.

52. Before I quit the subject of Insidious Organic Diseases, I shall digress somewhat from the proper object of this work, in order to call the reader's attention, in a particular manner, to the characteristics of a disease of this nature, the Diagnosis of which is not always, I think, established in practice;—namely, the STRUMOUS AFFECTION OF THE MESENTERY in *Adults*: and as the subject appears to me to have been, in some degree, neglected by practical writers, I shall subjoin as a note in this place, the circumstances of several cases of this disease.*

53. From the subjoined cases it will appear that this disease is particularly characterized by

* CASE I. Miss H. D. aged 19. This affection has formed and proceeded very slowly and insidiously.—The countenance is peculiarly expressive of disease, being thin and the skin smooth; the *nose* is apt to be *cold and livid.* The fingers are affected in a similar manner. The skin in general is smooth, and sometimes there is much sweating. There is considerable loss of flesh. The tongue is marked with enlarged papillæ, but it is, in other respects, red and scarcely loaded. She hangs down her head. She has a hackling cough, which gives her pain in the chest. She has much pain and some tenderness of the abdomen. The bowels, at first costive, are now open. The catamenia became irregular nine months ago, and ceased altogether three months ago.—This affection proceeded, as it

its very slow and insidious accession and progress; by an unusual sensibility to cold; by a tendency to coldness and lividity in the nose and

had begun, making a very slow and gradual progress, and inducing an extreme weakness and emaciation, during many months, and at length proved fatal.

Case II. Miss S. D. aged 17, *sister* of the former patient. When the elder sister was so seriously indisposed as to be unable to walk unsupported to see me, she was generally brought by her mother; but on one day the present patient accompanied them. Her appearance struck me forcibly; and I was irresistibly led to say to her mother, that both her daughters were affected with the same complaint, which I had previously declared to be almost certainly fatal. From that day they visited me no more. But I was once, some time subsequently, allowed on going to their own house, to make the following note:—The face is thin; the eye-lids affected with a dark ring; the *nose and lips livid and cold;* the rest of the countenance pale and cool. The tongue is nearly clean, with a few enlarged papillæ at its point. The hands are cold, and thin, and the nails livid. There are great emaciation and weakness. There is shiverishness in the morning. There is a degree of cough, but scarcely any expectoration. The pulse is 108, or rather more. There is pain of the abdomen and of the left side. The bowels have been loose but are now better. The catamenia have been regular, except that it is two months since their last appearance, one period having been omitted.—She hangs down her head, and sits much near the fire, just as her sister had been previously observed to do.—This patient lingered for some time, but the disease terminated at length fatally, after having induced extreme emaciation.

These two cases first arrested my attention, and directed it to a class of symptoms which I had not previously associated with any particular disease. No examination of the bodies, however, after death was allowed; and my opportunities of observing the progress of the disease were unfortunately lost by an imprudent disclosure of my opinion respecting its ultimate event,—for there was something in the aspect, progress, and effects of the affection, which induced the conviction that it must prove fatal. My doubts respecting the real nature of this disease were, however, completely removed by a cautious observation of the following case:—

fingers; by the absence of any affection of the head, or of fluttering or palpitation of the heart; by the continued good appetite and the copious,

Case III. Mr. J. H. aged 21. He first began to complain *four* years ago. *Two* years ago he began to observe a loss of flesh and of strength, and an incapacity for his usual business and exercise. During the last year and half he has been affected with a short hackling cough, and a degree of soreness on the right side of the abdomen below the navel. During the last half year he has been unusually sensible to *cold*, becoming chill whenever a door was accidentally left open.—Two years ago a degree of coldness and lividity of the end of the nose were first observed, and half-a-year ago, a livid and clammy coldness of the fingers.—These complaints have made a slow and insidious progress to this time,—the thinness, loss of strength, and sensibility to cold gradually increasing, with a sense of weariness, and a propensity to sit over the fire.

At present, October 18th, 1817, the countenance is expressive of disease, rather emaciated, pale but easily flushed, and the nose is very liable to become livid and extremely cold. The tongue is rather white with enlarged papillæ. He is feeble in his walk, but not tremulous, or easily agitated. The hands, and especially the fingers, are very liable to become livid, clammy, and cold. The surface in general is thin, the skin soft and apt to become moist, and there is perspiration occasionally in the night. During the night there is sometimes a muttering delirium. He has a hackling cough, with a little expectoration of white mucus never tinged with blood. The pulse is always frequent, and easily accelerated; at present, whilst in bed, it is 120. He has all along complained of slight aching pain deep in the abdomen; the abdomen is tender on pressure, and especially on making a *false step* in walking. In the right iliac, and towards the umbilical region, there is considerable tenderness, and a perceptible hardness not abruptly defined. The bowels have been apt to be loose; the stools generally copious, fœtid, whitish,—of the colour of white clay,—and rather light like yeast. He is extremely sensible to external cold. The pain of the abdomen is sometimes acute; sometimes it appears to extend to the testes.—November 11. There is a gradual loss of flesh observed in the countenance, the bones of which became more and more prominent. The colour is pale, but easily flushed. There is generally an expression of pain,—but especially on coughing. There is still, even at present, although

light-coloured, and fœtid stools; perhaps by a fixed tenderness, and perceptible tumor, in some part of the abdomen, which is not tumid gener-

he is in the house, a degree of lividity at the end of the nose, which is colder than the cheek. The tongue is loaded at the back part, and displays enlarged papillæ at the point and edges. He now bends more forward in walking, and is obliged to use a stick for support. He says he lies best on the back or on the left side. The hands are still apt to be cold and livid. He has no pain of the head, or fluttering about the heart. He has a variable, hard cough with increased pain of the abdomen, a little mucous expectoration, sometimes preceded by a little dyspnœa. The pulse is 120, small, and regular. He complains of constant tenderness and soreness of the abdomen, especially on the right side and low down, where a degree of hardness and tumor are felt on external examination. The hand is *immediately* applied to this part whenever he coughs. He has also attacks of griping or colic pain, especially in the evening, and after taking warm tea. The stools are copious, sometimes formed, but always of the colour of whitish-brown paper, without blood, or pus, and fœtid. The appetite pretty *good*. The urine sometimes clear, but sometimes with a copious sediment. He has a little thirst in the morning. He is rather less chilly, and has never any shivering. There is no œdema. He complains of pain in the perinæum, within the hip, and deep in the hollow of the sacrum. He does not perspire in the *night*, but always if he falls into a *sound* sleep in the morning. The hardness in the right iliac region is very perceptible.—December 16. The deep colour and coldness of the nose and fingers is less observed when he is in bed than when he is up. The face is still thinner and the bones more prominent than before. The countenance is often *pale* but never *sallow* or *yellow*. The tongue is now clean, of a deep red, smooth in the middle, with large red papillæ at the point, and it is moist. He says the saliva is viscid. Some time ago the tongue and the internal part of the lips, were covered with numerous and very minute aphthæ, with much soreness. The lips have been rather swollen the last week. He walks stooping and cautiously, and with a stick. There is little tremor even now. When he lies on the back, he raises the knees. There is sweating sometimes, but only in the *morning* and principally during the last sleep; *he has often kept himself awake to prevent the sweating*. The skin is shrunk, soft, and smooth. The emaciation is gradual but progressive. No headach or vertigo at any time. No fluttering or

ally;—the tumor in the abdomen is not, however, always perceptible, nor are the alvine evacuations at all times of the pale and fœtid kind

palpitation about the heart. The pulse 120. The appetite not so good. The motions nearly as before,—but they are said to have been darker. Urine quite clear. He has often much pain of the bowels,—from motions of the contained flatus. The tumor in the right part of the bottom of the abdomen, (the right iliac region,) is still very perceptible, and tender under pressure. —January 10th, 1818. The symptoms remain as before, but the tumor in the right iliac region is far less perceptible, and the bowels less affected with pain.—January 20th. The countenance is pale, thin, and expressive of disease, and of pain. The nose cool and deep coloured. The upper lip rather livid; the under lip florid. The cheeks are easily flushed,—by surprise, or by coughing. The bones are prominent. The face in general angular. The tongue unusually smooth in the middle, with large papillæ towards the point, clean, and florid. The strength impaired. Still greater emaciation, which is slowly progressive. Some tendency to perspiration; but less chilliness. Some cough, with pain in the abdomen and slight expectoration,—cautious and suppressed. The appetite is still tolerable. The stools are generally pale, large, and fœtid. No affection of the head. No fluttering at the heart or stomach. No pain of the side. Pulse 120 to 130, and small.—This patient sank gradually.—On examination, the peritonæum was found slightly and generally adherent to the enclosed viscera. The omentum was destitute of fat; but it displayed numerous small bodies of the size of a pea, the substance of which appeared organized, and not admitting of being expressed when divided. The small bowels were universally adherent. They were capable of being moved and lifted up in the left side of the abdomen, but were more attached on the right side. In the right iliac, and in the lower and right part of the umbilical region, there was a mass of disease, consisting of the united bowels, and of the mesentery enclosing enlarged mesenteric glands, some of which were converted into puriform matter which exuded from several orifices when this mass of disease was cut into. The mass also contained some of the *minute round bodies* just mentioned. One part of the bowel was ulcerated, and on being torn, an apricot stone, half digested, escaped. The glands not only of the mesentery, but of the meso-colon, and of the small epiploon, were also enlarged, and the membrane enclosing them discoloured and diseased. A part of this membrane near the cardia, and that part of the peritonæum

above described. There are a peculiar appearance of the countenance, a peculiar mode of walking, and a peculiar attitude and manner in general,—the whole denoting great disease, and a serious state of emaciation and debility.—This

in immediate contact with it, were in an ulcerated state. But the stomach itself was free from ulceration. The liver was free from disease, with the exception of the superficial adhesions. The right lung contained some suppurated points, and some small bodies, of the same kind as those seen in the abdomen. The left lung was much diseased, heavy, fœtid, and replete with tubercles and partial suppurations. There was some water in this side of the chest.—The right leg and arm were very œdematous. The left literally skin and bone. The integuments extremely white and the skin roughish.

Case IV. Mr. J. L. aged 30. This patient has experienced an insidious weakness, loss of flesh, and accession of the following symptoms:—There is a peculiar appearance of disease in the countenance and general manner; the prolabia are rather pale, the tip of the nose cold and livid; the voice is rather hoarse; the spirits good; the head unaffected; there is no fluttering, palpitation, or nervousness; there is a little affection of the breathing, and considerable cough and expectoration; the appetite is very good; there is pain of the abdomen but no perceptible tumor; the skin is little affected, but he is chilly, and subject to perspiration early in the morning.—This disease made a slow and gradual progress, and terminated fatally.—On examination, there were the usual appearances of Phthisis Pulmonalis in the lungs, and the mesenteric glands were much enlarged, but unbroken by suppuration.

I think the Strumous Affection of the Mesentery in Adults by no means a rare affection. I have, within the last year and a half, seen it in the persons whose cases have been detailed, in a young woman aged 21, in a young man aged 22, in a soldier aged 30, and in a lady aged 50. Some of the symptoms of Phthisis Pulmonalis are often superadded to those of Diseased Mesentery; and this disease is often conjoined, in a greater or less degree, with Phthisis.

affection is also characterized by the circumstances detailed § 50, contrasted with §§ 1, 9, and by resisting the usual remedies of the Mimosis Acuta.

54. There is an EFFECT OF DRUNKENNESS which resembles in many symptoms the severer form of the Mimosis Acuta; and as it admits less readily of cure, it is important to distinguish the two affections.—In this Effect of Drunkenness there are great weakness, tremor, and emaciation. The case is characterized by a peculiar state of countenance;—there is emaciation; the expression is much lost; and the eyes assume a peculiar streaked, yellow colour. The tongue and mouth are loaded, and perhaps dry, and there is a *peculiar* fœtor of the breath. The manner of the patient is dull, and often slovenly. There is a considerable loss of flesh. There is often a total loss of appetite. The bowels are generally loose. There are, I think, fewer of the complications noticed § 18, than in the Mimosis Acuta. But there is more frequently organic disease.—Particular inquiry should therefore be made into the Habits of a patient affected with symptoms of the Mimosis Acuta.

## II. THE COMPLICATIONS AND THEIR DIAGNOSIS.

55. IT may be remarked that the complications with the Mimosis Acuta in its severe form are, in general, *continued*, until removed by remedies; the complications with the less severe form of Mimosis Acuta, are *recurrent* in paroxysms, until the tendency to the *original* disorder is overcome. The former cases sooner take on organic derangement than the latter, and are more immediately serious.

56. The Mimosis Acuta complicated with an Affection of the Head, is distinguished from an IDIOPATHIC DISEASE OF THE HEAD, by uniting the characters noticed §§ 1, 9, et seqq. with symptoms of affection of the encephalon, whilst the latter affection is denoted by its simple, definite, and regular character, and the absence of those affections.

57. But there are two occurrences which ought ever to be present to the mind of the practitioner:—the first is the tendency to the transition of a secondary, into Organic Affection, which is particularly observed with regard to the Head;—the second, the possibility of the co-

existence of the Mimosis Acuta and of Idiopathic Disease of the Head.

58. The transition of the secondary affection of the head in the Mimosis Acuta into an Organic Disease, or the co-existence of the latter affection with the former, is to be apprehended on the occurrence of any of the following symptoms in a serious degree and continued form:—A sense of flushing or fulness about the head; acute pain of the head; unusual heaviness, dull headach, or vertigo; drowsiness, stupor, disturbed sleep, delirium, incubus, stertor; forgetfulness, timidity, confusion of mind, change of affections, tendency to laughter, or tears; affection of the senses, as temporary loss of sight, flashes of light, double vision, singing or loud noises in the ears, intolerance of light, or sound,—tenderness of the scalp. Many of these symptoms, however, occur in the Mimosis Acuta. It is only when they exist in an eminent degree that they denote danger. But it is best to take an early alarm. The danger of organic affection of the head is less equivocal on the occurrence of an unusual distortion, or an unmeaning expression, of the countenance; of a defect in articulation; of a temporary numbness or torpor, or of transient and partial weakness of any of the limbs; especially if one side of the body alone be affected. The occurrence

of stupor, convulsion, paralysis, or relaxation of the sphincters, leaves little to doubt respecting the existence of internal disease of the head.

59. Case X. The following melancholy instance of this termination of the state of Mimosis Acuta in Organic Affection of the Head, is particularly instructive:—A young gentleman, aged 33, had experienced symptoms of Mimosis, with a loaded state of the tongue, internal mouth, and breath, for several months; he had been observed to complain much of the head, frequently applying the hand to the forehead, or laying the head on a table, and stating that he suffered from severe pain. On visiting him he seemed to be affected with symptoms of the Febris Brevis, but the History agreed more with that of the Mimosis:—the countenance was moistened with a clammy or oily perspiration, the tongue and breath loaded; he complained of dulness about the head, but made light of the affection. His complaints increased notwithstanding the use of very active purgatives; on minute inquiry he had noticed a defect in vision,—the lines he was reading sometimes disappearing as if covered by the finger; he complained of tenderness of the scalp, of sensibility to the light, and he requested that his room might be darkened. Afterwards he was seized with stupor, the pupils di-

lated, and the pulse became slow—about 55 in the minute. By bleeding, blistering, purging, &c. these symptoms disappeared, and recognition returned. But in two days afterwards, restlessness, delirium, with picking of the bedclothes, followed by stupor, with ruttling in the breathing apparently from phlegm in the fauces, came on during the night. The pulse was strong and full at six in the morning. But nothing was done for the patient. The pulse became gradually feeble, the countenance pale and sunk, the respiration laboured, with still greater ruttling. About half after ten, some remedies were resorted to, but too late, and in vain. The left side of the face, and the extremities of the left side became paralytic, and he expired about twenty-four hours after the second attack of stupor. An examination of the encephalon was refused.

60. Case XI. Mr. W. of S. aged 22. This young man had been, for some time, affected with confused pain of the head, vertigo, &c. One day he was taken suddenly, fell down on the ground, and lay in a state of insensibility for some time. He recovered, but remains subject to pain, confusion of the head, vertigo, and tendency to fall down. He has become weak, nervous, dispirited, inert, and incapable of business.

The tongue is swollen, loaded, indented, and pasty, with deep folds on its surface. The breath exceedingly fœtid. The countenance has a diffused appearance of oiliness and gentle flushing. The stomach and bowels are much disordered.—In this case it was dubious, at first, whether the affection arose merely from disorder of the digestive organs, or was an idiopathic disease of the head. The state of the tongue, breath, digestive organs, mind, &c. seemed to indicate a symptomatic affection of the Head, and such the History seems to have proved it; for the latter symptoms have increased materially since the first time I saw this patient, and the affection has assumed the form of hypochondriasis.

61. In one gentleman there was a state of mind approaching to mental derangement; in a lady there was an attack of affection of the head with a loss of memory,—apparently the effects of a state of Mimosis.*

62. There are few diseases which it is more important and more difficult to recognize early, than a state of Idiopathic Inflammation or Organic Disease of the Brain. The Diagnosis is partly negative. For the first question is, Is there a state of Fever, of Mimosis, or of other Disorder, which may account for the symptoms

of cerebral affection? If not, there is greater apprehension of Idiopathic Disease of the Head, in which there is usually an absence of the symptoms of Idiopathic as distinguished from Symptomatic Fever,* and of the symptoms of Mimosis,—except in the cases of complication.

63. The complication of the Mimosis Acuta with Cough and Expectoration is still more common, especially in protracted cases of this affection, both in its severer and less severe forms. This complication requires to be accurately and early distinguished from PHTHISIS PULMONALIS, or to be accurately traced into a similar state of affection of the general system and of the pulmonary organs.

64. The discrimination is again to be begun by contrasting the character of the Mimosis Acuta, given §§ 1, 9, et seqq. with the general character of Phthisis Pulmonalis, which is very dissimilar, and almost opposite to that of the former affection. Phthisis Pulmonalis is simple and definite, in its character; in general little varied, but rather continually progressive, in its course,—although this observation has some exceptions; it is comparatively free from the

* See the treatise on DIAGNOSIS, Part II, §§ 1, 2, 4, 6, 7, contrasted with §§ 3, 5, 8; and with §§ 107, 108.

tremor, fluttering, susceptibility to hurry, and general nervousness, observed in the Mimosis Acuta, § 9; there is an early loss of flesh, a symptom which ranks amongst the first which arrest attention; there is also an early weakness, but this is different from the weakness attending the Mimosis Acuta, being less attended by tremor, faintishness, &c. and the degree of remaining muscular strength is even remarkable, in the latter stage of Phthisis Pulmonalis.*

65. The countenance in Phthisis Pulmonalis early assumes a peculiar and delicate paleness, but is liable to occasional, or spontaneous, gentle blushes. There is an early movement of the nostrils, induced by the alternate acts of respiration, affording one of the earliest diagnostic signs of Phthisis. The hands and general surface are pale and delicate, the roots of the nails frequently rather livid. And there is a characteristic, irregular, alternation of chilliness, feverishness, and perspiration. There is an obvious labour in respiration, which is aggravated on going up stairs or using active exertion; a full inspiration, however, does not always occasion inconveni-

* For the Diagnostics of Phthisis Pulmonalis from *other* diseases which resemble it, see the late work of M. Bayle, Armstrong on Scarlet Fever, &c. Bell's Surgical Reports, Vol. 1, pp. 18, 21; and the treatise on DIAGNOSIS, Part II, pp. 169—172, 189—196,

ence. The cough is slight and tickling at first, perhaps without violence, and is less early attended with expectoration. The pulse is permanently frequent.

66. The complication of cough and expectoration may take place in either the more or the less severe form of the Mimosis Acuta, but I think the latter case is the more frequent.—In the severer form of Mimosis Acuta there is sometimes an evident labour in breathing which induces a movement and contraction of the nostrils, and there is a degree of cough with the expectoration of a little viscid mucus.—In the less severe form of this affection there is often, for a considerable period, a copious expectoration of transparent, frothy, and viscid, and, at length, of opaque, and tinged mucus. There is a cough, hard-sounding at first, and occurring in fits; afterwards easier and less in fits as the expectoration assumes more of the puriform appearance; and again difficult and in painful fits as the strength of the patient declines. The pulse is at first little accelerated; the respiration little affected, and the nostrils unmoved; but a degree of movement of the nostrils, of labour in the respiration, and of frequency of the pulse, is observed as the expectoration becomes puriform, and streaked with blood, and as disease of struc-

ture is induced in the lungs. The usual symptoms of the less severe form of the Mimosis Acuta are superadded;—the skin is usually as already described, but sometimes harsh and dry; the tongue is sometimes furred and black at the back part; and emaciation takes place in a degree commensurate with the diseased affection of the lungs. The History of the case is peculiar,—the affection is perhaps cured by proper remedies, or becomes stationary and mitigated for a time, perhaps an apparent or decided amendment occurs even during several weeks, and again the disease proceeds,—so that the physician is alternately elated with hopes and depressed with fears,—circumstances scarcely observed in Phthisis Pulmonalis.

67. Case XII. The following case presents an eminent example of this last remark relative to the course of the complication of the Mimosis Acuta with cough and expectoration, when the affection terminates fatally. Mr. N. aged 39, had long been affected with a loaded state of the tongue, swelling of the gums, fœtor of the breath, and other symptoms of the Mimosis Acuta, when he became seized with symptoms of an inflammatory affection of the chest, which were removed by bleeding, and blisters, conjoined with purgative medicines. He seemed to get better of

the immediate inflammatory complaint of the chest, but the looked-for restoration of health and strength did not ensue, but seemed delayed week after week, without, however, any retrograde change. He recovered, indeed, a little, and was removed to a short distance into the country. Here a manifest amendment in point of strength occurred and continued during two or three weeks. But this amendment did not proceed. He became stationary once more, and continued in a dubious way for a week or two longer. He then appeared distinctly to lose strength, and for the first time since his recovery was looked for, there was a sensible loss of flesh. Thus five weeks transpired from the abatement of the inflammatory symptoms to the period of the patient's going into the country, and seven weeks more passed between hopes and fears during his stay from Nottingham.—During the course of this complaint the countenance was affected with an oily perspiration and a sallow or swarthy complexion, with paleness of the prolabia. The mouth, tongue, and breath were foul and loaded. The hands and nails pale. There was a most remarkable degree of tremor, which seemed particularly to impede the voluntary motions. There was at first scarcely any dyspnœa or movement of the nostrils; but both these symptoms were observed as the affection of the

lungs was supposed to pass into organic derangement. There was at first a hard cough, with rather viscid, mucous expectoration, increased when the stomach was empty; afterwards the expectoration was greater in quantity, more visviscid and opaque, and considerably tinged with blood. The pulse very frequent. The bowels were kept open by medicine. The appetite was tolerably good.—The patient survived nearly three months after this report, the affection of the lungs becoming more and more confirmed, the flesh being completely lost, and the strength exhausted. The cough was sometimes less severe; the expectoration variable in quantity, but free from the tinge of blood; the pulse less frequent; the bowels sometimes affected with diarrhœa.—An examination of the chest was refused.

68. Case XIII. In another case there were considerable loss of flesh and strength, a frequent pulse, much cough with copious, mucous expectoration, and a loaded state of the tongue and breath; with some other symptoms of the Mimosis Acuta. The affection yielded very favourably to the operation of mild purgative medicines conjoined with small doses of opium.

69. Case XIV. In a third case there were all the symptoms of the severer form of the Mi-

mosis Acuta, together with a slight cough, expectoration of phlegm, and a manifest difficulty in respiration with movement of the nostrils. The affection yielded most favourably, and the health, strength, and flesh returned, by the use of the purgative medicines, with a nutritious diet, gentle exercise, and the country air.

70. The next complication of the Mimosis Acuta, enumerated § 18, is that of Paroxysms of Oppressive Dyspnœa. This complication resembles Asthma in a very high degree. And it is not improbable that Asthma properly so called, frequently, if not generally, originates in a complication of this nature, but is afterwards continued, or repeated, either from a degree of disorganization induced in the lungs, from the influence of the external causes of Asthma, or from the causes of Mimosis. The following cases sufficiently exemplify the complication alluded to:—

71. Case XV. D. M. aged 20, a tailor. August 30, 1813. He has complained of pain and other affection of the chest for eight or ten days; but he has been affected, for a much longer period, with vomiting, pyrosis, a loaded state of the breath, mouth, and tongue, constipation of the bowels, &c. Three days ago he was bled, from the idea that the affection was a case of pneumonia.—I was called to him last night:—

The breath was extremely fœtid, the tongue loaded, the bowels constipated. He was affected with a paroxysm of urgent dyspnœa, complained of want of air, and said he was dying; the dyspnœa had begun an hour before, and had become gradually more and more urgent; there was great anxiety; the respiration was very rapid, and seemed a literal gasp for breath. He had also a cough, attended with a dull, hollow, peculiar sound, and with a copious, frothy, mucous expectoration. The pulse was about 100, without sharpness.—He was somewhat relieved by taking a few drops of æther, and effectually by the operation of a purgative of calomel and jalap.

72. Case XVI. The Rev. Mr. A. aged 34. He has long been subject to a state of Mimosis Acuta in its less severe and more continued form, marked by a variable degree of sallowness of the complexion, loaded tongue, fœtid breath, and foulness of the mouth in general, without any observable loss of flesh. He is easily hurried by surprise, and fluttered; his complaints are then aggravated, and accompanied by nervousness and tremor. The same effects are induced by any unusual mental or bodily exertion.—This gentleman is subject, at these times, to a heavy and dull, or to a more acute pain of the occiput, for

which cupping has been deemed necessary. The pain has sometimes been relieved by the horizontal posture, and sometimes it has been excited by an empty state of the stomach.—In other attacks the pain of the occiput has been absent, and the patient has been affected with dyspnœa, attended with restlessness, a sense of want of air, a necessity for being fanned, &c. The paroxysm has generally taken place about 1 a. m. It has been relieved by coffee. It has usually succeeded to an increase of the state of disorder constituting Mimosis, and has been obviated by correcting that state. It has recurred at distant intervals for several years. Formerly the dyspnœa was attended with cough, but not lately. A degree of oppression has generally been experienced during the day succeeding the paroxysm.*

73. Fluttering and Palpitation of the Heart, are amongst the most frequent symptoms of the Mimosis Acuta; it is, therefore, scarcely necessary, especially after the detail of Cases VII and VIII, to offer any exemplification of this complication. I shall, however, make a few observations which may conduce to the establishment of a correct Diagnosis.—In the severer case of Mimosis Acuta, it will be necessary to wait, and

* See further the treatise on DIAGNOSIS, Part II. pp. 206—209, for the Diagnostics of Asthma.

to watch the effect of the remedies in removing this disorder; the palpitation of the heart, if a consequence and effect merely, will be mitigated or removed with the original affection.—In the less severe form of this complaint, the discrimination must be principally founded on a cautious observation of the effect of bodily exercise on the action of the heart when the symptom of palpitation is otherwise absent, and on the continued History of the complaint. In DISEASE OF THE HEART the patient often emphatically observes, 'I should be well if I vegetated only; it is bodily exertion and mental agitation, which renew and recal the sense of my dreadful disease.' In the complication of Mimosis with palpitation, the patient, if not prevented by weakness, can, at the time when the hurried movement of the heart is absent, run pretty rapidly, or walk up stairs, without suffering more than is usual; and periods occur when he has passed several days, weeks, or months, perhaps, without experiencing the palpitation. In a disease of the heart, these circumstances are not, I think, observed; the uneasy sensations which accompany this disease, if absent at times, are always excited on any corporeal exertion; and, as I have elsewhere observed, 'disease of this organ is in general highly characterized, and distinguished from certain symptomatic disor-

ders of its functions, by the *permanency* of the affection; by its *invariable* aggravation on muscular exertion, as well as mental emotion; and by the particular *relief* obtained at first from blood-letting.—Disease of the Heart, although its symptoms may be mitigated at one period and aggravated at another, is however permanent; the symptoms are never entirely absent; and they may, at any time, be renewed, in an aggravated form, by muscular exertion. In dubious cases, the patient may be made to *run up stairs;*—the symptoms of an organic disease of the heart are invariably aggravated by this muscular exertion, the pulsation of the heart becoming violent, the pulse perhaps irregular, the respiration exceedingly difficult, &c. circumstances not equally observed in symptomatic derangements of the functions of this organ, unless when they are attended with great debility. There is almost always, too, great but transitory relief from blood-letting,—in a degree not observed in the symptomatic affections.'*

74. Case XVII. Dr. D. aged about 70. He became affected with the following symptoms:—loss of flesh, weakness, tremor, tendency to tears, a loaded state of the tongue,

* See the treatise on Diagnosis, Part II. § 157.

mouth, and breath, and disorder of the bowels with scanty stools; with these affections there were symptoms which led to the idea of Angina Pectoris, or of Dropsy of the Pericardium.—From the use of gentle rhubarb purgatives, with exercise in the open air, the patient gradually recovered a considerable degree of strength, the general health improved, and he has run up a high stair-case, with considerable activity, and without feeling any of his former uneasy sensations about the heart. This amendment has now continued at least a year and a half.

75. Case XVIII. Capt. B. aged 50, was supposed to labour under an Organic Affection of the Heart, inducing palpitation and great irregularity of the pulse, for many years. It has been nearly forgotten for some months, and he has suffered exceedingly from attacks of vertigo. The complexion is sallow; the tongue swollen, lobulated, indented, and loaded; the breath tainted; the appetite good; the digestion often impaired; and the bowels constipated.—His complaints are all mitigated by a course of purgative medicines in which he still perseveres.

76. The complication of Mimosis with Hiccough, § 18, has been sufficiently noticed in Case VIII. But as this symptom is sometimes

extremely severe, and as vomiting of food is sometimes superadded in an extraordinary degree, I think it proper to detail a case or two of this affection.

77. Case XIX. The first case is an instance of violent Hiccough. Mr. C. aged about 50, of Sleaford, Lincolnshire, after feeling chilly and weak, as he supposes, from cold, first experienced Hiccough on December the 18th, 1817, at 5 p. m. It was removed about 11 p. m. by a little gin and water. It returned on the 19th at 5 a. m.; it was removed for half an hour by a little rum, but recurred and continued with little interruption through the day. On the 20th, the Hiccough was arrested for a little time by laudanum and musk, but it again returned. On the 21st. a blister was applied over the stomach, but the Hiccough continued, and was accompanied on this day by a singular sort of *crowing* noise during inspiration. On the 22nd. snuff was recommended, which arrested the Hiccough for a short time. The affection, however, continued in a violent form through the night. On the 23d. an emetic was given, and six leeches and a blister were applied; the Hiccough ceased for a time, but recurred with the crowing and continued during the night, preventing the patient from lying in bed. The life of the patient was

thought to be in imminent danger. The affection still continued on the 28th. when I recommended purgative doses of calomel and infus. sennæ, from the first operation of which the Hiccough entirely ceased with the exception of a slight return once more on the 29th. The purgative was continued for some time, by means of which a loaded state of the tongue and of the bowels was removed. I should have also stated that a little opium and carbonate of ammonia were given; but to these remedies I did not ascribe much effect.

78. Case XX. Mr. G. C. aged 26. September 6th, 1817. This patient had an attack similar to that about to be described, eight years ago; it continued several weeks. The present attack commenced in March last and has continued in a more or less severe form, since that period. After eating he becomes affected with chilliness, pain at the stomach, nausea, and tumidity of the abdomen; he is then suddenly affected with vomiting, and the rejection of much mucus, or there are eructation, retching, and vomiting. He remains poorly for about an hour, during which period there is some pain. He then pursues his usual occupation. His complaint again recurs on eating. He is feeble and has lost some degree of flesh. The pulse is

about 80, and rather feeble. The tongue is white and loaded. The bowels constipated. The hands are apt to become cold.—The affection yielded to the remedies to be noticed hereafter.

79. Case XXI. Mr. B. A. aged 24. He was affected in the following manner about six months ago; the attack was less severe than the present, and continued one month; the affection then ceased, but it returned ten days ago. At present, September 9th, 1817, he becomes affected with vomiting and retching after eating; with these symptoms hiccough is sometimes conjoined, and this is occasionally of the most violent kind, affecting him like a spasm, drawing the body awry, and sometimes throwing him off his chair; he suffers such excruciating pain as to induce a flow of tears; and the breathing is irregular, rapid, and anxious. The tongue is loaded; the bowels costive. The pulse is nearly natural. There are weakness and some loss of flesh.—This affection was removed by the remedies to be noticed hereafter. It recurred after a time and again yielded to medicine. The patient became attacked by a spasmodic affection of the left arm, so as to deprive him of the use of the hand. This affection yielded to the same purgative remedies, and he has since remained well.

80. Case XXII. Mr. J. R. aged 31.—He is naturally thin and feeble. He is at present affected with vomiting after meals, without hiccough. The pulse is natural. The tongue white. The bowels costive.—The affection yielded to the purgative remedies.

81. This affection must be carefully distinguished from Organic Disease of the Stomach. Its History,—its cessation for a period and subsequent recurrence,—its *violence* even at the *beginning*,—its spasmodic character, &c. are sufficiently contrasted with the slow formation and insidious progress, the continued form, the regularly progressive course, and the unceasing character of organic disease. It is further distinguished by some of the symptoms of the Mimosis Acuta;—even the hiccough is, I think, a rare occurrence in the organic affection, which is rather denoted by pain, which gradually increases after eating until the stomach is unloaded by vomiting.*

82. The next complication with the Mimosis Acuta enumerated § 18, is, Some Convulsive and Spasmodic Affections. I shall illustrate this subject simply by the brief detail of cases in exemplification:—

* See further the treatise on Diagnosis, Part II. §§ 187, 188.

83. Case XXIII. N. M. aged about 12, was suddenly seized in the following manner:—the face and limbs were affected with convulsive motions; the countenance was extremely distorted, the mouth, nostrils, and cheeks being violently and convulsively drawn to the right side; several persons were occupied in restraining the violent convulsions of the limbs; the tongue, breath, and bowels were loaded. The immediate attack was relieved by opening the temporal artery, and any return was prevented by the use of purgatives.

84. Case XXIV. Mr. A. of B. became affected with an irregular spasmodic distortion of the mouth, which was drawn, from time to time, into the most extraordinary forms. The tongue was loaded, the breath tainted, and the bowels disordered.—The affection was removed in a few days by mild purgatives, consisting principally of the pil. hydrarg. and rhubarb.

85. Case XXV. Mr. B. is subject to a continued state of Mimosis, which is liable, from cold or other causes, to be considerably augmented. At these times, Mr. B. experiences a considerable degree of hesitation and difficulty in articulation, an affection which invariably recedes with the primary disorder.

86. Case XXVI. Mr. A. of C. became affected with violent and most painful cramps of the calf of the right leg and of the thigh. The muscles of the thigh were drawn into a perfect ball. The spasms were somewhat continued, and so violent as to flush the face, cause the respiration to be forcibly arrested, and induce great expression of pain and suffering. The tongue was extremely loaded; the breath fœtid; the digestive organs much disordered. He was ordered half a drachm of ipecacuan, and a calomel purge, and was immediately relieved.

87. Case XXVII. Mr. H. of N. on the Soar, had been affected during four weeks, with violent and painful spasmodic contractions of the muscles of the right thigh. This thigh had long been diseased, a disease of the hip, in early youth, having impeded its growth, and the muscular substance about the thigh, having more recently, although not within the last six years, formed the seat of suppurations.—The spasms were momentary only, but extremely severe, and the pain excruciating; they were apt to be repeated on moving, or on retaining one position for too long a period; they were also induced by any surprise or hurry of mind,—by the fear of being touched on this part,—and, once, most severely, on being startled by a stone thrown by

a boy against an outer wall near his bed. The sleep was interrupted, and but a temporary respite was obtained, and this at first only, by laudanum with æther. The tongue was little affected; he was low-spirited and nervous; the bowels were loaded and disordered. His complaint was growing daily more and more severe.—It was removed in about a week, by the pil. hydrarg given every second night, the sulphat of magnesia with infus. sennæ, every morning, and the effervescing saline medicine. He has now, July 3rd, been in a state of progressive convalescence for a fortnight, recovering gradually the flesh and strength he had lost before. This patient still remains free from complaint, Sept. 18th.

88. Case XXVIII. Miss M. aged 15. She has been subject, during three Springs, to the following affection, which is said to have yielded spontaneously each time, in the course of about three months after its commencement. The hands, and especially the right hand, are apt to be affected with a rather continued spasmodic contraction; they are not quite closed, but any thing held in them is not easily removed from the grasp. The contraction comes on, recedes, and recurs, without any warning. The tongue is much loaded, and, with the gums, considerably swollen, and it is marked by the teeth; the

breath is fœtid; the bowels confined; the catamenia have not yet appeared. The affection has been removed by a month's perseverance in purgative medicines.—Trismus; a state of locked hand; and a continued cramp of the foot, are not very uncommon in connexion with a similar state of disorder; but it does not appear necessary to particularize these affections.

89. Case XXIX. J. A. aged 10, has been subject for a very considerable time, to the following affection:—the head is moved rapidly in a repeated, rotatory manner, from side to side; the arms and legs are subject to a similar rapid spasmodic action of their muscles; when he sits down, the rectus muscle of each thigh, but especially of the right, leaps continually, a movement best felt on applying the hand about their middle part.—This affection was gradually removed by calomel purgatives.

90. Case XXX. I have seen a similar movement of the head in a married woman about 40, which was increased by any mental affection, and particularly when remarked by a stranger. This patient did not take any medicine.—I have also been informed of a similar instance of spasmodic affection in a lady about 50.

91. Convulsive and Spasmodic Affections may arise from Disease within the Head, from Local Irritation, or from a state of Mimosis, and it is of the utmost importance to ascertain the source and seat of the affection,—" neque enim credo, posse eum scire, quomodo morbos curare conveniat, qui, unde hi sint, ignoret."

92. In place of a spasmodic affection, there is sometimes Paralytic Weakness of the Muscles, especially of the lower extremities. This affection very insidiously and gradually deprives the patient of the use of the limbs. It is often attended by a feeling of stifness, increased on exposure to cold; and there are sometimes twitchings, or slight, rapid contractions of the muscles. The paralysis has in different cases affected the bladder, the sphincters, and the upper extremities even.

93. This species of Paralytic Affection must be cautiously distinguished from Paralysis arising from Disease of the Head or Spine. The Diagnosis must be established by observing the History and Symptoms, and the Effect of Remedies, and by contrasting them with the characters of local affection of the Head and of the Spine, especially the latter.* The presence

* See the treatise on Diagnosis, Part II. § 206.

of the symptoms of Mimosis, and the absence of discoverable local disease, should lead to the trial of the remedies of the former affection; and this experiment will afford another source of Diagnosis.

94. I have enumerated, as the next complication of Mimosis Acuta, Pain in the Epigastric, or in one of the Hypogastric, or Chondiliac Regions, § 18. This pain is so common that I think few cases of the Mimosis occur without some degree of it; together with the affection of the complexion, it often leads to the suspicion of Inflammation or Disease of the Liver. And its situation sometimes induces an opinion that the Spleen is affected. It is distinguished by being liable to recede and to recur, by varying its situation, frequently by being unattended by tenderness on pressure when the examination is made with proper care, and by conjoining the characters, §§ 1, 9, et seqq.*—This pain has appeared to me to have its seat in the Colon, some part of whose course it occupies, § 15,—from the hollow of one ilium round to that of the other.—Pain, tenderness, and even tumor, frequently exist in the course of this intestine from the remora of scybalæ; the case is perhaps considered to be an instance of organic enlarge-

* See further the treatise on Diagnosis, Part II. pp. 179—182, 254.

ment of some viscus in this course; the cause being *removed* by the action of aperient medicines and by *friction*, the tumor is supposed to be *discussed* by the pil. and the ung. hydrarg.—Pain in some part of the course of the colon, but especially in the seat of the sigmoid flexure, often attends and denotes a loaded or contracted state of the RECTUM; the real state of this bowel must be ascertained by an examination.

95. CASE XXXI. Miss B. of R. aged 17, consulted me in August, for a severe pain with tenderness in the left hypochondriac and chondiliac regions; the tongue was loaded, swollen, indented, and with enlarged papillæ, the gums red and tumid, the breath extremely fœtid, the bowels were said not to be much disordered; the countenance was pale and swarthy; there was some loss of flesh; the general health was manifestly impaired. The pain was almost immediately relieved by active purgative medicines; and the health was restored by a perseverance in milder doses of the same remedies.—The symptoms had led to the apprehension of organic disease. They had subsisted for several weeks, or even months.

96. It scarcely appears necessary to do more than refer to the enumeration of Constipation,

Diarrhœa, and Tenesmus, as occurring in the Mimosis Acuta, § 18; the source of these affections must be traced to the original disorder,—and it must be distinguished from a diseased state of the rectum.—The constipation is frequently attended by pain deep in the sacrum, which is apt to be aggravated by the movement of a carriage in travelling.—The Diarrhœa induces frequent, scanty, liquid, fœtid stools, often with mucus, sometimes with more or less of blood; there are also in different instances, grippings, tenderness, and Tenesmus. The Diarrhœa often occurs, recedes, and recurs during the course of the Mimosis; the latter affection is apt, however, to be overlooked, and the former to be treated as a primary affection and confounded with other kinds of Diarrhœa.

97. Case XXXII. Mr. R. aged 46. He has suffered from the symptoms of the Mimosis Acuta during three months. The affection varied much in severity at different periods. There were unusual weakness, faintness, weariness, aching pains, loss of flesh, vertigo, and affection of the sight, a most tainted breath, swollen gums, ptyalism, a loaded and swollen tongue, coldness of the hands and feet, &c. Seven days ago, a regular state of the bowels is said to have yielded to Diarrhœa, with frequent,

scanty, mucous, and various stools, which are sometimes fœtid, sometimes with much filamentous substance, and sometimes bloody. There are great indisposition and an incapacity for the slightest exertion.—This affection yields slowly to the pil. hydrarg. with gentle purgative medicines, the stools becoming gradually, first fæculent, and then more and more natural.

98. I ought to have added, § 18, Symptoms of an Affection of the Bladder. The Mimosis Acuta has begun with these symptoms in several instances, and it has been conjoined with them in some part of its course. In one case the symptoms of affection of the bladder seemed to depend on a loaded and irritable state of the lower intestine, and soon yielded to the remedies of the Mimosis Acuta.

99. Melæna, § 18, is an affection of much more frequent occurrence than is generally imagined. Its existence is, of course, only ascertained by accident. But I have found, on inquiry, that it has occurred in a great number of the cases of Mimosis Acuta which I have treated. It occurs also in the other forms of Mimosis to be described hereafter. It has been a very frequent occurrence during the present summer of 1818. With Melæna, Hæmatemesis is not un-

frequently combined. The two diseases appear to be similar affections of different parts of the alimentary canal. The discharge of blood varies greatly in quantity and appearance. It yields in general to the employment of purgative medicines, with the pil. hydrarg. See Cases III. & IX.

100. Icterus has occurred in six persons, in connexion with symptoms of Mimosis Acuta, within the last year. It has appeared principally in the sedentary; it has seemed to depend on a loaded state of the intestines; and it has yielded to active doses of calomel and other purgative medicines.

101. Cases XXXIII. and XXXIV. D. G. and S. P. aged about 28, and fellow-workmen in the same shop of lace-frames, have each been affected with Icterus supervening on symptoms of Mimosis Acuta. The Icterus was relieved in both by active doses of purgative medicines, and the primary affection has been totally removed, and any recurrence of it obviated, by perseverance in milder doses of the same remedies.

102. Case XXXV. Miss W. aged 16, of sedentary habits, was observed during several months, to lose her wonted appearance of health and strength,—the countenance became somewhat paler, and thinner; the mouth, tongue, and

breath, loaded and disagreeable, and the bowels somewhat constipated. At length Icterus supervened, the skin and tunica albuginea became greatly tinged with yellow, the urine deep coloured, the motions pale, and the bowels torpid. The affection was soon removed, and the health greatly improved, by efficient purgative medicines, and she is now ruddy, plump, and active.

103. Amongst the symptoms and complications of the Mimosis Acuta, I have enumerated severe Pains of some of the Limbs, § 18. This affection is sufficiently illustrated by Case VIII. I shall only remark here that it must be distinguished from the pain of the shoulder in Affections of the Liver, and from Rheumatism, by a reference to the character given, §§ 9, &c.

104. I do not deem it necessary to give any illustrations of § 24; these will, I think, be furnished by each practitioner's own experience. I would only add, that it has appeared to me that the Mimosis Acuta has degenerated in some cases into a state resembling Cachexia, and has been complicated not only with the diseases enumerated, § 24, but with other morbid affections, —especially of the skin, the mouth and throat, the periosteum, the absorbent glands, &c. Some of these have resembled syphilitic affections; others have exhibited very different appearances.

## SECTION III. THE CAUSES AND TREATMENT.

### I. THE TREATMENT OF THE GENERAL AFFECTION.

105. THE most general cause of the Mimosis Acuta is SEDENTARINESS. This affection is therefore frequently observed in persons of studious habits, or of sedentary and inactive occupations; it has occurred particularly in literary persons, in persons engaged in the sedentary employments of the lace-frame, the stocking-frame, the tambour, &c. in tailors, and in women.

106. WATCHING, FATIGUE, ANXIETY, ERRORS IN DIET, CONFINED AND IMPURE AIR, AND WANT OF CLEANLINESS, are also accessory causes of the Mimosis Acuta. This affection has sometimes appeared to have been immediately induced as an effect of repeated COLDS. It has been particularly frequent during the present hot summer of 1818. And it has occurred from alarm, or accident.

107. The treatment of the Mimosis Acuta in its simple form, embraces the administration of

PURGATIVE MEDICINES, a particular attention to DIET, AIR, EXERCISE, BATHING OR SPONGING, AND SLEEP, and great caution in avoiding the CAUSES of this affection just enumerated. On each of these points I shall make a few observations.

108. The PURGATIVE MEDICINES which I have generally employed have been calomel, the pil. hydrarg. rhubarb, aloes, senna, the sulphat of magnesia, and pure magnesia. They must be varied according to the previous state of the bowels, and to their effect on the alvine evacuation. This previous condition of the bowels is a state of Constipation, of Diarrhœa, of Tenesmus, or of Melæna, §§ 96—99:—

109. In the case of Constipation an active dose of calomel may be given, and if its effect is such as was desired, it may be repeated at first every fifth night, and afterwards once a week, or once in ten days, always insuring its operation, if necessary, by a solution of the sulphat of magnesia in an infusion of senna, or by pills of aloes and rhubarb. This medicine should also be repeated on the intermediate days. The object I have ever had in view has been to avoid purging, but to induce A LARGE, COPIOUS, AND CONSISTENT EVACUATION DAILY; and when I have

been enabled to effect this, I have considered it at once as a source and criterion of increased strength or health of the alimentary canal. Frequently, however, when the patient is very feeble and infirm, the medicine appears to accumulate without operation, and the effect on the bowels is apt, by a repetition of the dose, to be extreme; this event may in general be obviated, either by the administration of a proper enema at the time when the medicine was expected to move the bowels, or by inserting into the rectum a suppository of tuffy or inspissated molasses, or of soap and honey, or other similar substance.

110. A state of Diarrhœa, with scanty, fœtid, and dark-coloured motions is by no means uncommon. This state of the bowels appears to me to have yielded best to the pil. hydrarg. given every third or fifth night, and a dose of rhubarb and calcined magnesia every morning or twice in the day. And, indeed, in all cases where the more active purgative medicines have been employed in the commencement, rhubarb appears to be particularly adapted, from its tonic properties, to complete the cure. In some cases, the state of diarrhœa has demanded the use of opium, which I have then generally united with the pil. hydrarg. The object should still be to

induce COPIOUS AND SOLID EVACUATIONS, and to restore them to their natural appearance, form, colour, and odour.

111. In the case of Tenesmus a small opiate enema or suppository affords almost immediate relief; the purgative medicine must of course be given at the same time, and in this case the oleum ricini has a decided advantage.

112. The state of Melæna is generally removed by the action of the purgative medicines; the pil. hydrarg. and calomel have, however, appeared to be particularly efficacious.

113. The state of bowels above described, must be insured until the patient has decidedly recovered his flesh and strength; and it is incumbent to explain to him the indispensable necessity of attending to this function when he again returns to his usual occupations. For this complaint, like so many others, is particularly liable to yield imperfectly only, or to return from a repetition of its causes. In the more continued form of the Mimosis Acuta this attention to the state of the bowels is still more necessary.

114. I have mentioned the approach, in form, of some cases of the Mimosis Acuta, to

the appearances of Cachexia, § 104; in these and similar cases, and, indeed, in some other instances, I have been induced to prescribe the sarsaparilla.

115. It appears scarcely necessary to make any observations respecting the absolute necessity of an assiduous attention to the DIET of the patient affected with the Mimosis Acuta; this subject is of acknowledged importance, the principles of dietetics are universally known, and little remains but to enforce them with instance and assiduity. The meats cannot be too simple, or too simply done. Lean beef or mutton, and fowl, are the most unequivocally good; goose, duck, pork, veal, lamb, &c. are the meats most cautiously to be avoided; vegetables, and especially the uncooked vegetables, are also injurious. I have generally recommended a slice of cold beef or mutton, or a little chicken, to breakfast, instead of bread or toast;—or biscuit, if meat could not be taken, with tea or coffee: beef, mutton, or chicken to dinner: tea with biscuit in the afternoon: a little meat, perhaps, at 11 a. m. and at supper. I have stated the necessity of taking a *little* nutriment, *frequently*; of avoiding to load the stomach; and of supplying the place of the evacuations daily procured from the bowels, with proper nourishment. And, indeed,

an improvement in the appetite is generally an effect of cautiously acting upon the alimentary canal by purgatives.—To these articles of diet I have added, after the bowels have been evacuated several times, a little ALE, and I believe, with the greatest advantage. Indeed more than one patient, ascribe their recovery to the use of ale, by which their strength was sustained, and they were enabled to support the effect of the purgative medicines.—The importance of an attention to the diet is sufficiently obvious from the dreadful effects frequently observed from negligence or error in this particular; see Case VIII. Some complicated cases have even proved fatal, apparently, from errors of this nature.

116. The effect of the COUNTRY AIR, and of GENTLE EXERCISE in riding or travelling, has also been extremely marked in many instances. I may refer to Case VII, as an exemplification of the benefit resulting from a journey alone; and a similar advantage has been much more remarkable when the country air and exercise have been conjoined with proper remedies and diet.

117. BATHING in summer, and SPONGING the body with cold water, or with vinegar, or salt and water, in the other seasons, is particularly advantageous. After bathing or sponging,

the surface is to be rubbed with a coarsish towel until a glow of warmth is felt over the skin.

118. I have mentioned SLEEP amongst the remedies of the Mimosis Acuta. In cases in which wakefulness and restlessness prevailed, I have recommended an anodyne draught with the tincture of opium, or the extract of hyosciamus, at bed time. But in other cases I have endeavoured to procure sleep by enjoining the patient to use exercise in the open air, to bathe or sponge, immediately afterwards to lie down on a sofa or in bed, and to foment the feet with hot water. The following plan has been recommended to those patients whose cases seemed to require it:—on awaking in the morning a little warm tea or coffee is to be taken, the body is then to be sponged, and the breakfast finished; the patient then frequently falls asleep;—on awaking he is to rise, dress, and ride in the open air, avoiding fatigue;—on returning he is to take a little nourishment and again to lie down to sleep;—on again awaking, he is to dine, and afterwards, to ride once more in the open air, and again, on returning, lie down for a time:—the body is again to be sponged in the evening on going to bed. In this manner the weakness is often soon diminished and the patient regains his flesh and general health.

## II. THE TREATMENT OF THE LOCAL AFFECTIONS.

**119.** IN addition to the general treatment of the Mimosis Acuta, its complications with local affection require an additional and particular attention.

**120.** The Affection of the Head, § 56, often requires general and topical bleeding, and blisters, together with a more active exhibition of purgative medicines than is usually adopted in the uncomplicated affection; and of course the necessity for these remedies is commensurate with the degree and urgency of the local affection. If there is slight pain or vertigo, which has already continued some time without increasing materially, a blister applied to the back of the neck, with leeches to the temples, and active purgatives, may be sufficient; but if the accession of this complication has occurred lately, and if the affection itself be severe, with much dulness, acute pain, or an approach to stupor, defective vision, &c. the lancet must be employed freely, cold applicatious be made to the shaved scalp, leeches, blistering, and active purging be instantly enforced, and abstinence and the erect position, as far as possible, enjoined.

121. The Affection of the Chest, § 63, frequently demands the application of blisters, which appear particularly useful in this complication; together with the addition of the extr. hyosciami, or opium, to the aperient medicines. It is in this complicated affection, often mistaken for Phthisis Pulmonalis, that the sponging recommended by Dr. Stewart* seems so efficacious.

122. The Paroxysm of Dyspnœa, § 70, is relieved by æther and other similar remedies; but it is removed and its return is obviated by the proper remedies for the Mimosis Acuta.

123. Fluttering and Palpitation of the Heart, § 73, and Hiccough, § 77, are each relieved a little by æther, but only effectually treated by the remedies for the original disorder.

124. In the Convulsive and Spasmodic Affections, § 82, it may be necessary sometimes to emply the lancet, but in general a purgative, and sometimes an emetic, are the most efficient remedies.

125. Pain in the course of the Colon, §§ 15, 18, 94, is usually removed by the operation of the purgative medicines. Friction with a lini-

* See the Edinb. Med. and Surg. Journal, Vol. 9, p. 356.

ment is also useful. And if necessary, enemata and suppositories, should be administered. Some attention is due to the mode of applying the friction, and to the posture of the patient after the exhibition of the enema or suppository, when the pain is accompanied with tumor suspected to arise from the remora of hardened fæces, § 94.

126. The treatment of the cases of Constipation, Diarrhœa, Tenesmus, Melæna, and Icterus, has already been noticed, §§ 96—100.

127. In the Pains of the Limbs, §§ 18, 103, I have found an anodyne ammoniacal liniment to afford great relief.

# CHAP. II.

## THE MIMOSIS CHRONICA.

### SECTION II. THE DESCRIPTION.

128. BY the term Mimosis Chronica, it is intended to express the state of disorder which is usually denominated dyspepsia and hypochondriasis. This form of Mimosis is intimately allied to the less severe and more continued form of the Mimosis Acuta described §§ 22, 23, from which it may originate, or into which it may pass. But very frequently the Mimosis Chronica begins, and pursues a longer or shorter course, with the character about to be given.

129. The Mimosis Chronica is denoted in general, by FITS OF DESPONDENCY AND GLOOM, OF INVINCIBLE DISINCLINATION FOR EXERTION, OF PAIN ABOUT THE HEAD, SINKING AT THE PRÆCORDIA, AND HEAT OR FULNESS OF THE STOMACH.

130. The countenance is liable to be rather sallow, and occasionally rather pallid; and there

is often a great expression of despondency and lowness.

131. The tongue is sometimes affected a little, as described § 11; but it is frequently characterized by a different appearance of very minute white grains or points; it is frequently a little marked by the teeth, and sometimes slightly formed into sulci.

132. There is, in general, no loss of flesh; or this is at the commencement only, or on any aggravation of the affection, and slight in degree. And there is little tremor or loss of strength.

133. The patient is liable to be affected with vertigo or headach. There is often despondency; a feeling of total incapacity for exertion in business or society; an impatience and irascibility of temper; intolerance of noise or disturbance; and an invincible and overwhelming state of inertia or listlessness. There is gaping, and sometimes drowsiness. These affections occur in paroxysms or fits, during the absence of which the patient is more himself, but manifests a constant disposition to speak of his different complaints.

134. There are sometimes irregularity of the pulse, and fluttering and irregularity in the beating of the heart.

135. There is often a most oppressive feeling of sinking at the pit of the stomach. There are, at different times, and in different instances, heartburn, a sense of heat or burning, acidity, load, distention, inflation, nausea; sometimes eructation of an acid, at other times, of a nidorous taste, and sometimes the rejection of fluid, or of food. The bowels are often constipated, or there are unsatisfactory evacuations, and the patient feels a sense of load about the rectum; sometimes there is considerable pain in the bowels. The appetite is in some cases moderate, in others much impaired, and, with the digestion, various at different periods and in different instances.

136. There are many uneasy feelings in different parts of the body, which vary exceedingly, but always engross the patient's attention in a forcible manner.

137. The Mimosis Chronica, like the Mimosis Acuta, is liable to be obscured by the predominance of some particular symptom. But it does not appear necessary to particularize these cases after the ample detail of similar complications given in the last chapter.

## SECTION II. THE DIAGNOSIS.

138. THE Mimosis Chronica requires to be distinguished from the Mimosis Acuta, and from the insidious approach of Obscure Organic Disease.

139. The Mimosis Chronica borders on the more continued and less severe form of the Mimosis Acuta, described §§ 22, 23; but it differs materially from the more severe form of that affection characterized § 9. Notwithstanding the painful and distressing disorder of the function of *digestion*, NUTRITION does not appear to be materially interrupted, and the flesh and strength remain little impaired. The Mimosis Chronica is, indeed, rather characterized by UNEASY FEELINGS than by REAL IMPEDIMENT to the functions. The mind, temper, and spirits, and the corporal and functional sensations are affected, whilst there is in reality little organic change, or effect induced in the process of assimilation.*

140. The Mimosis Chronica is distinguished from OBSCURE ORGANIC DISEASE by the contrast drawn, § 50; to which may be added, in the present case, the absence of LOSS OF FLESH, the early Diagnostic of the latter affection.*

* See the treatise on DIAGNOSIS, Part II. §§ 82, 182, 183.

## SECTION III. THE CAUSES AND TREATMENT.

141. The Causes and Treatment of the Mimosis Chronica are the same, mutatis mutandis, as those of the Mimosis Acuta. As the affection is of longer continuance, a more persevering use of the pil. hydrarg. and of gentle purgatives of rhubarb and aloes; and a more constant, and indeed habitual attention to diet with gentle exercise are necessary.

142. In this disorder the patient must submit to minister to himself in respect to the particulars just mentioned; for nothing less than this will afford permanent relief; and it is too usual for patients to expect from medicine, what can only be imparted by proper diet and exercise.

143. Acidity and heartburn may be relieved by a recourse to the alkalis and the calcined magnesia. The sp. ammoniæ comp. is also very useful in these, and in other distressing feelings attending this complaint.

144. The load after eating may be much prevented by taking warm tea, coffee, or negus.

145. Too often, however, this affection is protracted by sedentary habits, and cares in busniess; or it is renewed by errors in diet and undue exertion. It has appeared, in some cases, to cease spontaneously, or at least after medicine had been abandoned.

146. The first object ought to be constantly to take nourishment in a simple form and small bulk. For this purpose lean meat is the best adapted. The second object should be to induce a copious alvine evacuation daily, by means of the remedies above mentioned, and by adopting a regular habit in this respect. For the latter purpose it is useful to repair regularly to the water closet every morning within a few minutes after breakfast, until this habit be acquired. By these means this distressing complaint may be mitigated, shortened, and perhaps altogether removed.

# CHAP. III.

## THE MIMOSIS DECOLOR.

### SECTION I. DESCRIPTION, WITH CASES.

147. THE form of Mimosis of which an account is now to be attempted, and to which I have appropriated the denomination of Mimosis Decolor, appears to have been very inadequately described by medical writers under the appellation of chlorosis. I shall, therefore, bestow great pains to place before my reader the characteristics of the different varieties, simple and complicated, of this affection.

148. And, first, I take this early occasion of stating, that the Mimosis Decolor occurs *principally* in FEMALE YOUTH; but *frequently* in MARRIED WOMEN, both young and old; and *occasionally* in the young and sedentary of the MALE SEX.

149. There are two forms of the Mimosis Decolor, of which the first is more acute, and

the second, more chronic and protracted. But there is every intermediate shade, and, frequently, the transition of one of these forms into the other.

150. The more acute form of the Mimosis Decolor may be described as observing three different stages,—the Incipient, the Confirmed, and the Inveterate. It may be characterized in general as uniting A MORBID STATE OF THE COMPLEXION, AND GENERALLY OF THE SURFACE, WITH RECURRENT PAIN OF THE HEAD, AND OF THE SIDE, PALPITATION OF THE HEART, FLUTTERING AND NERVOUSNESS, AND SOME TENDENCY TO LOSS OF FLESH, AND TO ŒDEMA.

151. The Incipient Stage of the more acute form of the Mimosis Decolor is denoted by paleness of the complexion, an exanguious state of the prolabia, and a slight appearance of tumidity of the countenance. There is sometimes a tinge of green, or yellow, or of lead-colour, and frequently darkness of the eye-lids.

152. There are great paleness of the general surface, hands, fingers, and nails; an opaque, white, tumid, and flabby state of the skin; and a tendency to œdema of the calves and ankles. And there is a certain loss of flesh.

153. The tongue is white, and loaded; it is swollen, marked by pressure against the teeth, or variously formed into creases or folds; its papillæ are very numerous and much enlarged. The gums and the inside of the cheeks become tumid, and the latter are sometimes impressed by the teeth. The breath is tainted.

154. The patient is generally languid, listless, sedentary, indisposed for exertion, easily overcome by exercise, nervous, and low-spirited. There is generally severe headach or vertigo; the memory and power of attention are apt to be impaired; and there is sometimes heaviness for sleep.

155. There is, in different instances, pain of one or both sides, about the false ribs, or in the hypochondriac or chondiliac regions. Sometimes there is cough, difficulty in breathing, palpitation or irregular action of the heart, or imperfect syncope, and almost universally a sense of fluttering about the præcordia.

156. The appetite is generally impaired. There is frequently a morbid appetite for acids, or magnesia. The bowels are constipated, a state which sometimes leads to diarrhœa. The fæces are dark-coloured, fœtid, and scanty. The urine is frequently loaded.

157. The catamenia become irregular, and sometimes, but not always, slowly defective in quantity, and pale in colour.

158. In the Confirmed Stage of this affection the state of the complexion and general surface is still more marked. The countenance is still more pallid, the prolabia and the gums exanguious, or the prolabia, especially the upper one, have a slight lilac hue, and the integuments are tumid.

159. The skin is smooth, but becomes preternaturally dry. The integuments are puffy, opaque, and pale, or yellowish, and there is a tendency to œdema of the feet. There is scarcely any further loss of flesh.

160. The tongue becomes clean and smooth. But it is pale, with a slight but peculiar appearance of transparency, and of a pale lilac hue. And it remains a little swollen and indented.

161. The patient is affected with languor, lassitude, and even serious weakness, being at once reluctant and unable to undergo fatigue.

162. There are often attacks of severe pain of the head, or of equally severe pain of the side, and repeated bleeding, leeches, and blisters are

usually employed, affording a temporary respite from these complaints. There are also, sometimes, fits of dyspnœa, of palpitation of the heart, or of fainting.

163. The pulse is rather frequent, often about 100, and easily accelerated and rendered irregular by mental emotion.

164. The appetite is sometimes impaired, occasionally greater than natural, and very frequently depraved, inducing a longing or constant desire for some indigestible substance, as acids or pickles, magnesia, chalk, cinders, coffee grounds, tea leaves, flour, grits, wheat, &c. which the patient likes to have constantly in her mouth, or to which recourse is had when she suffers from agitation of mind. The bowels are slow and constipated, a state which sometimes alternates with diarrhœa, and induces melæna; the stools are dark, fœtid, and scanty.

165. The catamenia become paler, and less in quantity, often cease, and often yield to a state of leucorrhœa which is more or less constant.

166. In the Inveterate Stage of the Mimosis Decolor all the symptoms assume an aggravated character. There is a very slow but progressive

loss of flesh. The languor becomes a state of permanent debility. The œdema increases and takes on the aggravated form of anasarca. The pulse becomes frequent. There are less of the appearances of mere disorder, and more of the character of disease, § 50. Or those local affections which existed in a less continued manner before, now became either permanent, or are induced by the slightest causes, and the patient can scarcely bear the most ordinary occurrences of domestic life, and perhaps remains always in bed. Sometimes there is an almost permanent pain of the head, perhaps with intolerance of light or noise. Sometimes there is pain of the chest, with tenderness, difficulty in breathing, and cough. Frequently there are pain and tenderness of the abdomen, with sickness and constipation, or with diarrhœa. Different symptoms reign in different instances,—as some hysteric or spasmodic affection; a state of locked jaw, closed hand, contracted foot, or twisted limbs; palpitation of the heart; hurried, or suspended respiration; long fits of coughing; hiccough; retention of urine.

167. Besides the form of Mimosis Decolor just described, there is a variety which deserves to be distinctly noticed, and which is characterized by a degree of darkness round the eyes, and

by a dark or deep red hue of the prolabia, whilst the general complexion is much impaired, and there are some coldness, cool moisture, and lividity of the fingers, and a lilac hue of the nails.

168. Such are the usual symptoms of the different stages of the Mimosis Decolor. But, as in the Mimosis Acuta, some of these symptoms are liable to be much aggravated, and to assume the form of serious Local Disease. The following list of these complications possesses therefore great interest:—

1. PAIN OF THE HEAD.
2. COUGH AND DYSPNŒA.
3. PALPITATION OF THE HEART.
4. PAIN AND TENDERNESS OF THE SIDE.
5. PAIN AND TENDERNESS OF THE ABDOMEN.
6. CONSTIPATION. DIARRHŒA.
7. MELÆNA.
8. LEUCORRHŒA.
9. HYSTERIC AFFECTIONS.

169. These complications with the Mimosis Decolor must be distinguished from a different set of diseases from those noticed in the first chapter. The complications with the Mimosis Acuta require, in general, to be discriminated from *acute*, those with the Mimosis Decolor must be distinguished from *sudden* or from *insidious*, local affections. These distinctions will

be attempted in the ensuing section. There is also great danger, in the complications with the Mimosis Decolor, as in those of the Mimosis Acuta, of the transition into organic affection.

**170.** In the more chronic form of the Mimosis Decolor, there is a continued though variable state of sallowness, of yellowness or icterode hue, or of a wan, squalid, or sordid paleness of complexion, without tumidity, without either the pallidness, or the deep red colour of the prolabia mentioned §§ **151**, **167**, and without much tendency to œdema.

**171.** A variety of the more chronic form of the Mimosis Decolor is distinguished by a peculiar and permanent ring of dark colour occupying the eye-lids, and extending a little, perhaps, towards the temples and cheeks.

**172.** The general surface is also more or less affected. And in the severer and more continued cases, there is frequently a peculiar deformity of the nails, which fall in irregularly in their middle part, become brittle, and break off in laminæ, so that the patient is almost unable to take a pin out of her dress. There is less tendency to œdema in this, than in the more acute form of the Mimosis Decolor.

173. The state of the tongue is various,—slightly loaded or perfectly clean and moist,—of a light green, light lilac, or bright red colour,—smooth and clean with enlarged papillæ,—formed into creases,—or into lobules,—somewhat swollen in general, and slightly marked by the teeth.

174. There is evidently a state of general weakness and indisposition. The patient suffers from pain of the head, continued, or in paroxysms, and from pain of the right or left side in the hypochondriac, chondiliac, or iliac regions; she is liable to vertigo on stooping, to fluttering on being startled, and to palpitation of the heart; the respiration often appears short, and the patient seems out of breath; sometimes there is paleness with the appearance of faintness.

175. The appetite varies. The bowels are affected with alternate constipation and diarrhœa.

176. The catamenia are regular in their periods perhaps, but often irregular in their flow, paler and more scanty than natural, and there is often leucorrhœa.

177. The Mimosis Decolor, in all its varieties, is particularly characterized by being changeable, liable to exacerbations in itself and

in its complications, and to the recurrency of its symptoms even during a general amendment. Repeated BLEEDING and BLISTERS have, in general, been employed for the affection of the head, or of the side, a circumstance which becomes a deplorable characteristic of this affection.

178. In those females who have been married and had a family, the complexion has frequently, but by no means always, been icterode; in one case the countenance was pale and exanguious, in another, wan and squalid, and in a third, there was much colour, with a ring of deep darkness round the eyes. The affection differs in no essential particular from that of younger and unmarried females; nor does it at all appear to impede conception.

179. In the Mimosis Decolor I have observed an eruption of urticaria, in very large, elevated wheals, sometimes solitary, and sometimes in considerable number.

180. I shall now proceed to exemplify the description of the Mimosis Decolor, by a series of CASES taken succinctly in the presence of the patients themselves:—

181. CASE XXXVI. Miss F. aged 23, of delicate and sedentary habits. She was observed

first to lose her colour and appearance of good health, several months ago. During this interval the countenance,—cheeks and lips,—the fingers, nails, and general surface, have become pale and exanguious, and there is a degree of puffiness of the integuments, and of œdematous swelling of the ankles. The tongue is white, loaded, and impressed somewhat by the teeth. There are headach, and pain of the sides alternately, vertigo, fluttering about the heart, listlessness and sense of fatigue from the slightest exertion, which has seemed to aggravate all her complaints indeed,—constipation and painful menstruation.—An attack of violent pain and throbbing of the head, with intolerance of light, noise or disturbance, and great nervousness, has been quite removed, and the other symptoms much mitigated, by purgative medicines, after copious bleeding had failed of inducing relief. The amendment in general appearance is also rapidly progressive.

182. Case XXXVII. S. G. aged 17. She has been long employed at the lace-frame. The bowels have generally been slow. The catamenia began to appear two years ago. Three months since she began to complain of acute and continued pain of the right side of the head; she was observed to lose her colour, to become weak, and to be easily overcome and rendered

breathless by exercise.—At present the countenance is extremely pale, and a little tumid; the prolabia and gums are exanguious. The tongue is swollen, not much indented, but formed into folds and plaits, perfectly clean, with enlargement of its papillæ. The hands and general surface are pale. She has lost flesh considerably. She complains much of the pain of her head, which is always aggravated on walking out. There is no dyspnœa or cough. The pulse is 96. The appetite is impaired, with a great desire for acids. The bowels are not costive just now. The catamenia are regular, but have been paler than natural at the two last periods.—This patient recovered rapidly from the use of purgative medicine. The perfect cure was, however, impeded by the necessity of still sitting much at the lace-frame and so continuing the baneful operation of the *cause* of her complaints, an occurrence too frequent amongst this class of patients.

183. Case XXXVIII. M. J. aged 20, housemaid. April 1st, 1818. She became indisposed nine months ago, from headach, sickness, and general feebleness. Her complaints increased gradually until Christmas 1817, when she became more seriously ill, and was placed under the care of an eminent surgeon, who stated her

disorder to be a *Disease of the Liver*. She was bled, and took saline medicines; but her complaints augmented. About this period she consulted me, and I made the following statement of the symptoms:—The face in general, and the lips and gums, are extremely pale and exanguious; the eye-lids are swollen and puffy,—a circumstance most observed early in the morning, and then both in the eye-lids and lips. The hands are exceedingly pale and colourless; the skin in general is dry and rough, and ever free from perspiration even when she takes exercise; the hands and feet are apt to be cold. The ankles are affected with œdema, especially at night, but even in the morning she can scarcely put on her shoes. The tongue is exanguious, of a pale lilac colour, semi-transparent, smooth, clean, and moist. She does not complain much of weakness. She has much pain and beating across the forehead, with a sense of weight in the eyes, and sometimes vertigo,—all of which symptoms are especially experienced on walking about, and from noise. She has much palpitation of the heart, accompanying the pain of the head, and accompanied by pain of both hypochondria. She is easily hurried, and her complaints are thus always reproduced if previously absent, or aggravated if present. The bowels are habitually costive. The catamenia are irregular, appearing

often only after an interval of nine weeks, and preceded, for some days, by drowsiness and much pain of the loins and in the hypogastric region. She has been affected for four or five months with leucorrhœa; this ceases before the appearance of the catamenia, which gradually resume the appearance of leucorrhœa.—Since the day she consulted me, she has persevered in a course of purgative medicines, consisting of aloes and rhubarb, with daily exercise, light meat diet, and a little ale. She has now a natural complexion, a return of colour, a healthy appearance of the prolabia, gums, and tongue, and all her complaints have ceased with the exception of an occasional headach.—October 22. This patient continues well; but still finds her purgative pills requisite.—The sister of M. J. has lately suffered from a slighter attack of this affection.

184. The three following cases exemplify the variety of the Mimosis Decolor alluded to § 167:—

185. Case XXXIX. Miss E. S. of B. aged 19. December 8th, 1816. This young lady has been slightly indisposed for several years, complaining of languor and indisposition for moving about. Two days ago the ankles be-

came affected with considerable œdema, which has excited alarm.—There is occasionally an obvious sallowness and darkness of the complexion, not very observable at this moment. The tongue is white, doughy, and impressed with the teeth, and the papillæ are prominent. The hands and fingers are affected with a little tumidity, and with a cool, clammy moisture; they are rather dark coloured, and the nails are a little livid. She is rather heavy for sleep; there is a little want of mental energy. There is little or no headach, palpitation, or pain of the side, but sometimes hurry in the breathing. The bowels are habitually costive. The abdomen often tumid. The catamenia are regular.—This patient recovered slowly but completely from the use of purgative medicines, a journey, and continued exercise, with a strict attention to diet.

186. Case XL. Miss P. of G. aged 19. December 7th, 1816. She has been indisposed for a very considerable period. The countenance is palish; there is a ring of darkness about the eyes and mouth; the lips are high coloured; the complexion varies, becoming much sallower at times. The tongue is loaded, white, pasty, impressed with the teeth, and displays elongated papillæ. She is listless and sedentary, and easily fatigued. There is some loss of flesh. The

hands are apt to be cold, clammy, and deep coloured, with a trifling blueness of the nails; the feet are also apt to be cold. There is occasionally headach. She has suffered much from pain of the left side over the false ribs, for which fifteen blisters have been applied at different intervals. She has suffered from a severe cough, which has occurred in violent fits, and which has been generally relieved by inhaling the vapour of hot water. There have been irregular palpitation of the heart, and irregularity in the frequency of the pulse, so as to induce a suspicion of *Organic Disease of the Heart;* but she runs up stairs with rapidity and without unusual distress, and she generally walks quick. The bowels have required opening medicine. The catamenia are natural.—A nearly similar report was made on January the 9th, 1817. The pain of the side and chest had varied its seat and severity repeatedly. Exposure to the frosty air had induced a violent fit of coughing. The other symptoms were nearly as before.—This patient recovered slowly.

187. Case XLI. Miss M. G. aged 18. November 27, 1817.—She was affected with scarlatina nearly two years ago, and thinks she has never been perfectly well since that time. Lately she has been observed to change colour, and to

become occasionally pale and sallow; she has become nervous; and she has been subject to variable, recurrent pain of the stomach, and of each side in the chondiliac regions.—At present the countenance is pale in general; the lips are of a deep red colour; the eye-lids are occupied by an extensive ring of blackness. The tongue is white, but with very few red points, and with little swelling or indentation. The breath is sometimes tainted. She has lately felt much indisposed to exertion. The hands are generally cold and clammy, the nails are of a light blue blue or lilac hue, and their tips are white and opaque. The memory of recent events is said to be much impaired, but not that of more remote ones; she reads however, and remembers what is read better than events. She is liable to pain of the occiput and in two points on the forehead, the latter being of a beating kind; to pain of the stomach of a wearisome nature; and to pain of the two chondiliac regions of a more acute and less continued form. These pains come and go without manifest cause, and rather suddenly. They are all, however, most apt to be induced by any thing which hurries and affects the mind. There is no cough. She is much liable to attacks of fluttering about the heart, especially on any recurrence of distress or mental affection. Her appetite is impaired:

she is particularly fond of *pickles*, and of cold esculent vegetables uncooked from the garden; some things are disliked, as pudding. There is occasionally a difficulty of making water. The bowels are costive. The catamenia are rather less frequent, and less in quantity; and their appearance has always been irregular, at six weeks, or at two months.—The following is my patient's own account of her present state of health:—'When I first became your patient I had almost constantly a pain at my stomach, and sometimes in my head; my hands and feet were generally cold; I had often a fluttering at my heart, and a pain in my side, sometimes in the right, and sometimes in the left; I had also very frequently a pain in each side of my back, a little below the shoulder; my appetite was bad, and I was altogether exceedingly weak and feeble. My health is now much better; I very seldom feel any of the complaints which I have mentioned, except the pain in my head; what I suffer most from now, is the gravel; but I hope that by following the directions, and taking the medicine, which you have prescribed, I shall at length be restored to complete health. October 22d, 1818.'

188. Case XLII. Before I proceed to the exemplification of the other forms of the Mimo-

sis Decolor, I wish to insert the following interesting case, which appears to unite, in some degree, the character of the more continued form of Mimosis Acuta with that of Mimosis Decolor. Miss J. aged 18. October the 29th, 1818. The breath has been tainted and the mouth has been foul and disagreeable, for many years. She first began to complain a good deal three or four years ago. During this interval there has been sometimes pain of the head with vertigo and intolerance of noise; sometimes pain of one, and generally but not always of the left, side, striking to the back; sometimes fluttering at the pit of the stomach, especially on lying down; sometimes faintness; often distressing fulness from wind at the stomach; and frequently severe hiccough; sometimes much gaping; aching, heaviness, and sense of numbness of the arms. The nights are restless at first; and she is heavy for sleep in the morning. She is nervous, easily fluttered and startled by a sudden noise or other occurrence. The pulse is generally about 96, and often irregular. The bowels become tumid in the evening; they are habitually costive.—The face is puffed and bloated in general, and sometimes to a much greater degree than at present; the complexion is sallow, with a dark yellowness of the eye-lids and about the mouth; just now there is a deepish diffused flush of the

cheeks, but this is rare. The tongue is very white, loaded and clammy, with enlargement of the papillæ; the gums exceedingly swollen; the mouth in general, very disagreeable, and the breath extremely tainted. The tongue occasionally becomes rather dry. The hands are puffed in a remarkable degree; the fingers and nails of a light, delicate blue; the tips of the nails white and opaque. The appetite is impaired. The bowels constipated and the operation of medicines scanty. The catamenia have been irregular until the three last periods, which have been regular; their appearance is natural in quantity and colour.

189. The following cases are examples of the Inveterate Stage of the Mimosis Decolor:—

190. Case XLIII. Miss M. F. aged 19, sister to the patient whose case is given § 181. Her complaints began in 1815, three years ago, and have during this interval been so various, multiform, and numerous as almost to preclude description or even a full enumeration. The case affords, however, such a remarkable illustration of the inveterate stage of the Mimosis Decolor, described § 166, as to render it highly desirable that it should be recorded.—Even before the date of the commencement of this affection, given

above, the general appearance of health and spirits in Miss F. was observed to have declined. She gradually lost her colour and some flesh, became nervous, listless, dispirited, and fainty. Since 1815 she has been continually an invalid; she has kept her room for many months, and her bed, for many weeks together. The countenance, prolabia, gums, and tongue,—the hands, fingers, and general surface, have become exanguious; the face is rather tumid; the skin opaque and puffy; the legs and ankles very œdematous. There has been a very slow but gradual loss of flesh. The pulse is frequent, often about 100, but easily accelerated to much greater frequency. The appetite is various, and when any thing is taken, it is generally something of an indigestible nature;—once she took great quantities of pickles;—at other times toasted cheese, or frizzled meat, is the only thing she can eat. The bowels have always been torpid. The catamenia have been suppressed for a considerable time.—I shall now proceed to an enumeration of the various complaints from which she has, at different times, suffered so severely.—For some time there were returns every morning, of violent PAIN OF THE HEAD, with intolerance of light and sound,—of which she is, indeed, generally very susceptible. For several months, there were evening returns of DELIRIUM, with incessant talking,

singing, crying, or laughing,—usually ending in sleep. A number of times, but irregularly, there were attacks of STUPOR, from which she could not be roused, and which would continue during two hours. There has often been PAIN ABOUT THE STERNUM, spreading over the chest and to the shoulder-points, apparently requiring, and yielding to *bleeding* from the arm. With pain of the chest, there has often been very rapid, SPASMODIC BREATHING, demanding free exposure to the fresh air at an open window. At other times, there has been an apparent SUSPENSION OF RESPIRATION, during many minutes, the pulse still, however, beating; the breathing gradually returned with a sort of crowing noise like the hooping cough. At one period there were evening returns of violent and INCESSANT COUGHING, which once continued from 7 p. m. till 3 a. m. without intermission; the cough ceased gradually and at length seemed scarcely to be a cough; it was relieved by bleeding, laudanum, breathing the vapour of hot water, &c. There has been PALPITATION OF THE HEART, but not in violent attacks. There has not been much FAINTING affecting the pulse, except from bleeding. For many weeks there have been constant sickness, vomiting, and IRRITABILITY OF THE STOMACH, every thing taken being immediately rejected. For a few times, there has been VIOLENT HIC-

COUGH; this was arrested by a preparation of opium termed the black drop. There has ever been great CONSTIPATION. Once there were the SYMPTOMS OF INFLAMMATION IN THE ABDOMEN, with great tenderness under pressure. There has sometimes been complete OPISTHOTONOS, the body being drawn and suspended on the occiput and toes for several minutes; then it would be drawn in a variety of other different ways. There have been general and violent CONVULSIONS of the body. There has often been LOCKED-JAW,—once for eight weeks together, and several times for shorter periods;—the under lip is then sometimes drawn between the teeth and bitten. The hands are often clenched, and the limbs drawn in a twisted manner round each other. There has been a loss of sight, of hearing, and of the use of some of the limbs. The catheter has been daily used for RETENTION OF URINE for many months. She has twice complained of pain of the spine about the loins, which has, like the other symptoms, disappeared after a time.—From a perusal of this deplorable list of complaints, the young student will be prepared what to meet in similar cases of Mimosis. The case is detailed here, although it belongs also to another place in this work, in order to show the connexion of these affections with the Mimosis Decolor.—It may be remarked that the

sufferings of this patient have sometimes appeared to be partly corporal and partly mental. They were always aggravated by surprize, agitation, or noise; they recurred much in the evening, and in various succession. They were, as well as the REMEDIES employed, various, and multiform in the greatest degree.

191. CASE XLIV presents the inveterate stage of the Mimosis Decolor, under a different aspect. E. B. aged 46, servant. April 10th, 1817. Her complaints have come on very gradually, beginning ten years ago. She had, at first, dull pain of the head, pain of the left side, nausea, and sickness; the bowels were constipated; and there was a difficulty in voiding urine.—At present she has lost all of a good complexion; the countenance is affected with a variable sallowness and yellowness, but the conjunctivæ are untinged; both eye-lids are affected with a puffy swelling, and with a yellow-black hue. The lips and gums are pale; the mouth clammy; the tongue is loaded at the back but less so at the fore part, indented at its sides, and sometimes affected with swelling. The skin is always free from perspiration, and morbidly dry; on the hands it is yellowish, opaque, and sometimes puffy; the nails have become brittle, and break on the slightest occasion. The ankles

swell in the evening. She is liable to headach. She is easily hurried and fluttered. She has sometimes fits of violent coughing, which continue for half an hour, sometimes with retching, but without expectoration. There is no dyspnœa. There is sometimes palpitation of the heart. The pulse is generally 96. The catamenia are regular in their periods, but without colour, and scanty; at each period the colour and quantity diminish, and the flow is attended with greater nervousness. There is no dysury now, but the urine is scanty. The appetite is various; she is fond of chewing tea leaves. The bowels are costive. Purgatives with calomel, rhubarb, and aloes, were prescribed.—On May the 16th the following report was made:—The complexion is greatly restored; the hands are become moist. She has gained flesh; and all her complaints are relieved. The medicines were continued.—On August the 30th the following statement was made:—This patient's complaints have varied, being better and worse, since the last report; but on the whole they are aggravated, and especially lately. The paleness of the countenance is augmented, with less yellowness; there is much œdema or rather ANASARCA, passing up the thighs even; the pulse is more frequent,—about 108; the tongue is pale, white, swollen, and indented; the bowels are

kept open; the catamenia appear regularly but are colourless; the urine is clear; the appetite moderate.—After this date, the anasarca gradually disappeared. But the patient remains still much as she was in May 1817.

192. The ensuing cases present the symptoms and appearances of the chronic form of the Mimosis Decolor:—

193. Case XLIV. R. B. aged 33. April 7th, 1817. She has been engaged in the sedentary occupation of chevening during fifteen years. She had formerly a good colour, which began to fade about three years ago. The bowels have generally been constipated. Her complaints have augmented considerably during the last year.—At present the countenance in general is pale and sallow, and the prolabia and gums are exanguious. The hands are also pale; the skin dry and often opaque; the general surface is deprived of its wonted perspiration. There has been some loss of flesh. There is some œdema of the ankles towards evening. The tongue, formerly loaded with a disagreeable state of the mouth and tainted breath, is now moist and clean. She suffers from variable pain of the head, which is sometimes severe, sometimes absent, sometimes gradual, and sometimes sudden

in its attacks. She is nervous. She experiences violent palpitation of the heart at times. No cough. Recurrent pain of each hypochondre, and of the back. The bowels are now regular; they were formerly constipated, but never affected with diarrhœa. The catamenia are less in quantity, light coloured, and attended with much pain. The urine deposts a red sediment.—On April the 10th, the complaints remained nearly as before, with the exception of diminished pain of the head.—On May the 13th, all the complaints are diminished; the complexion is much improved; but the skin remains dry; the headach and nervous symptoms have disappeared; but she suffers from pain of the back; she walks with far less fatigue.—The amendment in this patient was long progressive; but she gradually relaxed in taking her gentle purgative medicines and daily exercise, and as she resumed fully her sedentary occupation she became again more or less liable to the symptoms and affections of the chronic form of the Mimosis Decolor.

194. Case XLV. C. R. aged 28, housemaid. The following complaints began six or seven years ago, and made a slow and varied progress until about a year ago, since which time they have been nearly as about to be described. At first there was a loss of complexion and a

sensible loss of flesh; attacks of pain of the head and of the right hypochondre; vertigo, fluttering, and palpitation of the heart; fits of violent, dry cough, with retching; alternate constipation and diarrhœa; the catamenia attended with great pain of the back and lower part of the abdomen, and an appearance of paleness and coldness in the countenance, with blueness of the lips; the flow, too, would begin in the morning, cease, and recur when she went to bed, the colour and quantity being nearly natural.—At present the countenance is yellowish and icterode, with a little redness of the cheeks, but a general appearance of paleness. This colour varies exceedingly, and there are alternations of paleness, and yellowness, with darkness of the eye-lids, at different times. The skin is often rather hot. The nails are split, sunk in the middle, and easily broken. The tongue is clean, moist, and almost natural. She suffers from attacks of pain occupying the crown of the head, and occurring particularly when she is employed near the fire, or more than usual. She experiences vertigo on stooping. The pain of the right hypochondre often occurs during the morning, without obvious cause, and is of an aching kind. There are sometimes fits of difficulty of breathing, which are compared to that of a person out of breath from active exertion. The fluttering and palpitation are induc-

ed, like the pain of the head, by working too near the fire. The pulse is nearly natural. There has been no loss of flesh during the last year, except perhaps a little in the face. There was formerly a little œdema, but not lately. She is affected with leucorrhœa.—These complaints are already mitigated, and the complexion improved by adopting a course of purgative medicine. The leucorrhœa is quite removed by a lotion with sulphat of zinc, inserted, by means of a scroll of linen, into the vagina.

195. The following cases exemplify the appearance of the Mimosis Decolor in married females, and illustrate the paragraph, § 178:—

196. Case XLVI. Mrs. C. aged 32, and mother of seven children. April, 1816. This patient refers her complaints to mental distress; they took place insidiously, about five years ago, and three years and a half ago she was induced to apply to medicine. At first, Mrs. C. was affected with recurrent pain of the head, under the sternum, of the right side, and of the bowels. She was alternately constipated and affected with diarrhœa, but habitually of a costive habit.—At present there is a pale yellowness of the complexion; the upper and under eye-lids are puffy and dark coloured; the conjunctiva is white;

the face is apt to be somewhat swollen in the morning. The lips, gums, and tongue are pale; the tongue, formerly loaded, is now clean; the breath, formerly tainted, is now inoffensive. The hands are very pale, sometimes a little puffy. The ankles are apt to be œdematous in the evening. The skin in general is yellowish and opaque, and always dry. There are great languor, listlessness, incapability for exertion; and some loss of memory and mental energy. Formerly there was acute pain of the head; lately the pain has been duller, with vertigo, tinnitus aurium, or a momentary defect of sight. There is some heaviness for sleep. She is easily hurried and fluttered. There is much despondency. The appetite is various,—sometimes fastidious, sometimes voracious; she is particularly fond of chewing grits. The alvine evacuation is very offensive. Mrs. C's youngest child but two is four years old; the youngest but one was born a year and a half ago; the youngest nine weeks ago; the catamenia had generally appeared once between each pregnancy, but this was not the case between the last but one and the last, which was not suspected until far advanced. Mrs. C. has scarcely been able to suckle her three last children.—This patient has recovered in a very great degree from her complaint, by a persevering use of calomel, and of rhubarb and

aloetic pills, and she enjoys at present a very good state of health. Her complexion is greatly improved; but it is apt to be affected whenever she is accidentally indisposed; at such times, too, she is reminded of her former painful complaints.

197. Cases XLVII, XLVIII, XLIX, and L. Mrs. T. aged 40, mother of a family. She is affected with great paleness of the countenance, an exanguious state of the lips, gums, and tongue, and paleness of the hands, fingers, and general surface. To these appearances are superadded the symptoms of the Mimosis Decolor.—This patient recovered from the administration of gentle purgatives.—Mrs. C. aged 27, mother of two children. This is the most marked instance of the pale icterode countenance; there is considerable darkness of the eye-lids, loss of colour in general, and an exanguious state of the prolabia, with the several symptoms of the Mimosis Decolor.—Gentle purgatives were prescribed, and the complexion and general health were gradually improved.—Mrs. S. aged 50, is affected with squalid paleness of the countenance, and darkness of the eye-lids, united with other appearances, and the usual symptoms of the Mimosis Decolor.—She has begun the plan of gentle purgatives.—Mrs. H. aged 60, was affect-

ed with the state of countenance, tongue, general surface, and symptoms, observed in the Mimosis Decolor, together with an eruption of Urticaria in large wheals, without redness, sometimes solitary, but sometimes more numerous, and appearing particularly upon the legs.

198. Case LI. E. T. aged 32, engaged at the sedentary occupation of 'mending.' May 28, 1816. This patient's complaints began eight years ago. During this long interval she has suffered from severe pain of the head, of the left, and sometimes of the right, side; faintness; weakness; nervousness, and despondency. The bowels have always been constipated. The catamenia appear regularly, but are very scanty, and light coloured. From possessing a fresh complexion, she has become pale and yellow. The tongue, at first loaded, is become clean, and, with the lips and gums, very pale. The face, hands, and ankles are apt to be swollen; but especially the eye-lids, and particularly in the morning. The skin is very dry. About two years ago the nails became, from being strong, very thin, brittle, exfoliating in layers, and sunk in the middle.—This patient recovered in great measure by a persevering use of gentle purgative medicines. The complexion, surface, catamenia, and bowels, became more natural.—She

married about a year and a half after she became my patient, and is now the mother of a fine boy.

199. The appearances and symptoms of the Mimosis Decolor have occurred in a boy of 14, much confined in school; in a youth of 17, occupied as a tailor; and in a young man of 20, a painter; § 148.

200. The different appearances and forms of the Mimosis Decolor are, I think, sufficiently illustrated by the cases already given; I suppress, therefore, many others formerly intended for insertion in this work. The accession of this affection is slow and insidious in the highest degree; the incipient stage sometimes requires many months for its developement, and occupies a longer period; the confirmed stage frequently subsists for one or two years; and the inveterate stage for an indefinite period,—being long stationary, leading to the more chronic form, to the slow formation of dropsies, or organic disease, or to a slowly progressive loss of flesh and of the powers of life.

201. The course of this affection is irregular. Sometimes purgative medicines induce immediate relief; but this does not continue; a more

slow, regular, and progressive amendment is usually more permanent. There are attacks of the urgent symptoms, and the patient is better and worse, even during the general amendment.

202. The more acute form admits more readily of remedies than the more chronic, except in the inveterate stage. But all our efforts are apt to be thwarted by want of perseverance on the part of the patient, by a return to a sedentary occupation or mode of life, and by a relaxation in taking the gentle, tonic purgatives to be recommended hereafter.

## SECTION II. THE DIAGNOSIS.

### I. THE DIAGNOSIS OF THE GENERAL AFFECTION.

203. The Mimosis Decolor in general, requires to be particularly distinguished from the most Insidious forms of Organic Disease. Its complications require, as I have stated § 169, to be discriminated both from the Sudden, and the Insidious, Local Affections.

204. From Insidious Organic Disease, the Mimosis Decolor is distinguished by the state of the complexion, of the general surface, and of the tongue; by the variety and multiplicity of its symptoms, and of the organs or functions affected; and by its irregular, varied, and protracted course. In Organic Disease, the countenance is pale, perhaps partially flushed, or affected as described § 53, or § 65, and there is an expression of pain, uneasiness, or disease, with an early and progressive emaciation; whilst there is an absence of the peculiarity of countenance observed in the Mimosis Decolor, §§ 151, 158, 167, 170, 171, 178. The surface in organic af-

fection is equally destitute of the characters given §§ 152, 159, 172, but, on the contrary, often remains nearly natural, but is apt to be affected by the different states of symptomatic febrile affection. The tongue is free from the appearances described §§ 153, 160, 173, except when there is disorder of the stomach superadded to the organic disease. There is an absence of the characters of Mimosis and of the Mimosis Decolor, §§ 1, 150, 177.—Contrast further the description given of Insidious Organic Disease, §§ 50, 140.

205. The state of the complexion, the tinge of surface, and the seat of pain, in the Mimosis Decolor, has very frequently led to the suspicion of Chronic Disease of the Liver. The Diagnosis is made by an attention to the contrast of symptoms drawn in the last paragraph, by observing the state of the conjunctiva, urine, and fæces, by ascertaining the recurrent nature of the pain of the side, and by a careful examination of the region of the Liver.--By these means the list of Chronic Diseases of the Liver would be considerably curtailed, for I can recall, at this moment, numerous instances of this error in Diagnosis. This subject will be resumed shortly.

## II. THE DIAGNOSIS OF THE COMPLICATIONS.

206. The patient affected with the Mimosis Decolor is liable to *sudden* attacks of the affections enumerated § 168; and he is liable to these affections in a recurrent or in a more or less *continued* form. This circumstance renders it necessary to distinguish the complications of this affection from the Sudden and the Chronic, Local Diseases.

207. The Mimosis Decolor with Affection of the Head, is, in various instances, mistaken for Sudden Tendencies or Congestions of Blood with regard to the Brain, and for Insidious or Chronic Inflammation of this Organ.

208. CASE LII. Mrs. C. of B. aged 45. She is affected with the Mimosis Decolor, characterized by a ring of deep darkness round the eye-lids, and a little cast of yellow tinge, but united with a full colour of the face and prolabia. The tongue is affected; and there are the variety of symptoms denoting the Mimosis Decolor. This lady has for many years been subject to attacks of VIOLENT PAIN OF HEAD, accompanied with a sense of constriction about the neck, for which *bleeding*, *blisters*, and a *seton*,

have been variously recommended by various practitioners. The affection continued to recur notwithstanding, for very many years, always inducing the fear of some attack of an apoplectic nature. It has yielded, however, to a *persevering* use of efficient purgative medicines.

209. Case LIII. The first case in which I saw the importance of these distinctions, had been successively treated as Inflammation of the Brain, and as Inflammation of the Liver,—by bleeding, leeches, and blisters to an almost incredible extent. The patient was first long subject to severe PAIN OF THE HEAD, and afterwards to PAIN OF THE RIGHT SIDE. There were superadded the appearances and symptoms of the Mimosis Decolor. The patient perfectly and even promptly recovered, by pursuing an efficient course of purgative medicines.

210. If, in the sudden cases, the countenance, tongue, surface, and functions be distinctly affected as in the Mimosis Decolor, there is a great *presumption* that there are only symptomatic pain and affection of the head.—The History of the case, and of the attack, will also assist the Diagnosis;—the patient has been repeatedly liable to a similar affection, and the attack has probably been preceded or attended

by unequivocal symptoms of the Mimosis Decolor.—The effects of remedies may also suggest the Diagnosis; on this point some observations will be made in considering the treatment of the complications of the Mimosis Decolor.

211. With these remarks the reader may compare and contrast the following character of the Threatening of Apoplexy.—' An attack of apoplexy, or of paralysis, may be apprehended on the occurrence of any of the following symptoms; especially if the person, by hereditary disposition, constitution, form of body, age, or habits, be predisposed to these affections:—A sense of flushing and of fulness about the head, or epistaxis; heaviness, dull headach, vertigo; unusual drowsiness, or stupor, disturbed sleep, incubus, stertor; forgetfulness, timidity, confusion of mind; change of affections, and tendency to laughter or tears from apparent imbecility; affection of the senses, as temporary loss of sight, flashes of light, double vision, singing, or loud noises in the ears; acute pain or tenderness of the scalp. But no symptoms are so much to be dreaded, as temporary numbness or torpor of any of the limbs, or transient and partial weakness; a defect or loss of voice; a distortion and an unusual and unmeaning expression of the countenance.—There are sometimes sickness,

and faintishness, and generally constipation of the bowels.' *

212. From Insidious or Chronic Inflammation or Disease of the Brain, the complication of the Mimosis Decolor with Affection of the Head is also to be distinguished by the state of the complexion, tongue, and surface; by the complexity and variety of its symptoms; by the History of its course; and by the recurrent nature, or varying degree, of the pain, perhaps with long intervals of ease.

213. The former affection is, on the contrary, denoted and distinguished from this and from some other cases of complication, by a nearly natural state of the skin over the countenance and general surface, and of the tongue, and by definitiveness in the History and symptoms of the affection. Insidious Disease of the Brain comes on with pain, variable perhaps in degree, sometimes of a dull and heavy, sometimes of an excruciating kind, attended or succeeded by delirium, but generally soon leading to stupor; the senses and muscular system are variously affected; the muscular *strength*, however, is often little impaired; the patient frequently takes food throughout the affection; and there are often in-

* See the treatise on DIAGNOSIS, Part II. § 112.

voluntary discharges of urine and fæces, even early in the disease.

214. The complication of Affection of the Head with the Mimosis Decolor, has, like the similar complication with the Mimosis Acuta, assumed the character of Organic Disease; but this transition is less observed in the former case than in the latter.

215. The Cough and Dyspnœa in the Mimosis Decolor, § 168, are sometimes rather sudden, and sometimes more continued, affections. The former case occurs most frequently in the incipient, the latter in the later stages of the Mimosis Decolor.

216. In the more sudden attack of Cough and Dyspnœa, the respiration is hurried and the nostrils are moved, and the cough is very distressing. This case is distinguished by the character of the Mimosis Decolor, and by yielding to the exhibition of calomel purgatives.—The more continued case of Dyspnœa and Cough is far more alarming, and is often attended by organic affection within the chest. It is distinguished from Phthisis Pulmonalis by contrasting the appearances of the Mimosis Decolor with those described §§ 64, 65, as characteristic of the former disease.

217. The Palpitation of the Heart, symptomatic in the Mimosis Decolor, § 168, must be discriminated from Organic Disease of this Organ, by contrasting the symptoms of the Mimosis Decolor with those detailed § 73, as denoting the latter affection.* This complication is most frequent. It occurs in paroxysms, and often from mental causes.

218. Pain and Tenderness of the Side in the Mimosis Decolor, § 168, may also be sudden, or more or less continued. In the former instance it may be deemed Acute, in the latter, Chronic Inflammation of the Pleura, or of the Liver; and under this impression, bleeding and blisters are too frequently the remedies employed, and the course of gentle purgatives is too much neglected. This pain is so common as to occur in *most cases* of the Mimosis Decolor. It is, therefore, doubly important to establish the Diagnosis.

219. The character, the symptoms, the multiplicity of concomitant complaints, and the History, sufficiently identify the state of Mimosis Decolor. But the questions remains,—is this affection combined with Inflammation, or is there only an aggravation of the Pain of Side, so usual in it? The presumption, a priori, is that the pain

* See further the treatise on DIAGNOSIS, pp. 213—223.

is not inflammatory. The Diagnosis may be further assisted by observing that the pain of Inflammation is generally regularly progressive in its formation and increase; stationary in its situation, and incessant in its duration; it induces a constant expression of pain in the countenance; it is often aggravated by change of position; and it occasions a cautious and modified state of respiration, arresting the movements of the chest, of the diaphragm, or of the part affected, and checking a full inspiration, cough, or loud expression of pain. The Pain of Side, so usual in the Mimosis Decolor, when it exists in an aggravated form, will be found, on a cautious and vigilant observation, to be various and irregular in its formation, site, degree, duration, and course:—its accession is either sudden or it follows the more common state of Pain of the Side in the Mimosis Decolor; its situation is varied, the side affected is sometimes changed, or it appears to move to some other part of the *course of the colon*, up the chest, or towards the back; it varies in degree, being sometimes less severe, and sometimes excruciating; its duration is uncertain, and it frequently ceases suddenly, perhaps to recur; a full inspiration sometimes, bnt by no means *uniformly*, increases the pain, and a second inspiration usually induces less aggravation of the pain than the first; there is al-

so more urgent complaint, and more expression of suffering in the *manner* of the patient, than in Inflammation, which represses the movements of the body, respiration, and voice, implied in the outward expression of pain. In Inflammation the pulse is also accelerated, and affected in a degree not observed in the complication of the Mimosis Acuta with Pain of the Side.*

220. The Diagnosis of the complication of the more Protracted Pain of the Side in the Mimosis Decolor, from Insidious Inflammation of the Pleura, is, if possible, still more important. The character of the case of complication will be readily understood from the preceding observations. That of the latter case shall now be attempted:—

221. In Insidious or Protracted Inflammation of the Pleura, there is an absence of the features of the Mimosis Decolor so often alluded to. The nostrils are rendered acute, and the alæ nasi are raised by the influence of continued pain, and sometimes moved by the respiration. In protracted cases there are thinness of the face, and partial flushing on the cheeks. The general surface remains long natural, but if the affection continues or advances, there are emaciation, and

* See further the treatise on DIAGNOSIS, Part II. pp. 172, 179, 181.

tendency to hectic heat of the hands, and perspiration more generally. The pain is constant, or constantly induced by a full inspiration. There is often a dry, painful cough, suppressed by the patient. The pulse is frequent.—This affection sometimes remains stationary for a long period; in other cases there is a progressive loss of flesh and strength, with chronic symptomatic fever; and in a third case there is the gradual formation of Hydrothorax.*

222. Pain and Tenderness of the Abdomen in the Mimosis Decolor, § 168, are distinguished from Inflammation, by the same means as pain and tenderness of the side, § 219. I shall illustrate the sudden or urgent attack by the following case, and shall afterwards give the characteristics of the case of Protracted Inflammation of the Peritonæum.

223. Case LIV. Mrs. B. of S. aged 45, and mother of five children, has been affected with some part of the following symptoms for several years, and especially since the death of Mr. B. three years ago.—The countenance is pale, wan, and yellowish; the prolabia pale; the tongue slightly lobulated, and clean; the bowels irregular.—On September the 3d, 1818, she was seized

* See the treatise on Diagnosis, Part II. § 124.

with hurry and difficulty in breathing; with pain in the bowels, much tenderness of the abdomen under pressure, and with discharges of blood. The affection was completely removed by calomel, senna, and sulphat of magnesia. A little ptyalism was induced, and the patient abandoned all her medicines. The affection again returned. A grain of opium was prescribed for the symptoms, which induced great sickness and restlessness. Calomel was again resorted to; and a cautious course of this and other purgative medicines, has entirely removed the more urgent complaints, and greatly improved the general appearance, health, spirits, and strength.

224. Protracted Inflammation of the Peritonæum is denoted by an expression of pain, of suffering, and of disease, in the countenance, attended by loss of flesh; the skin in general is little affected, except at last, when it is modified by a state of chronic symptomatic fever; there is a slow, but progressive emaciation; the pulse becomes very frequent; there is a diffused tenderness over the abdomen; there are attacks of retching and vomiting, of obstruction of the bowels, or of diarrhœa.—The progress of the case is various; it is sometimes protracted for eight, or ten months, or even longer, when there are complete hectic and atrophy.—In the Pro-

tracted Pain and Tenderness of the Abdomen in the Mimosis Decolor, there is often a loaded state of the Colon, and sometimes a perceptible tumor in the right or left side or iliac region, or in both, from the remora of fæces in the course of this intestine; and there is constipation, or diarrhœa, and sometimes Melæna.*

225. Melæna, § 168, has principally, but by no means exclusively, occurred in married persons affected with the Mimosis Decolor. I shall illustrate the subject by the following cases:—

226. Case LV. Mrs. E. of L. aged 40, and mother of a family. I was consulted by this lady, who resides fifteen miles from Nottingham, on the following occasion:—She had been seriously indisposed for some weeks, during some part of which period she had kept her bed, and had become extremely weak, and had lost flesh; the most urgent complaints were great irregularity and intermission of the pulse, with a severe sense of fluttering in the chest, which had led to the suspicion of *Organic Disease of the Heart*, together with diarrhœa and *Melæna*.—On inquiring into the History of the affection, I found

* The subject of Insidious Inflammation of the Encephalon, of the Pleura, and of the Peritonæum, was intended to have been illustrated by Cases in a note in this place. But it is found too extensive. It is therefore reserved for a future opportunity.

is frequently the concealed cause of the inefficacy of remedies for the original affection, and of a most distressing weakness and pain experienced in the loins.—This affection also occurs from some other causes, as frequent labours, or abortions, too long lactation, or other sources of debility; it then appears to induce the pain and weakness of the back just mentioned, fluttering, nervousness, and other symptoms of Mimosis. It is removed, I think, universally, by the remedy to be noticed hereafter.

229. The subject of Hysteric Affections, § 168, is reserved for the ensuing chapter.

## SECTION III. THE CAUSES AND TREATMENT.

230. NO age, sex, condition, or mode of life, enjoys a perfect immunity from the Mimosis Decolor; but it occurs most frequently in female youth, and next, in women in the decline of life.

231. The most frequent cause is SEDENTARINESS. This affection is, therefore, usually observed in schools, in females of a delicate mode of life, or of a sedentary occupation or habits. The Mimosis Decolor is the prevailing affection of those females who, in this and other manufacturing towns, are doomed to sit from morning till evening at the lace-frame, or the tambour, or engaged in mending, seaming, chevening, &c.—Servants, and especially house-maids and cooks, have also appeared to be particularly liable to the Mimosis Decolor.

232. CONFINEMENT; TOO LONG LACTATION; FREQUENT HÆMORRHAGIES; ANXIETY; FATIGUE; AND LOSS OF REST, have also appeared to induce the Mimosis Decolor in persons more advanced in years.

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233. It is needless to say that, in the treatment, it is absolutely necessary to avoid or obviate the causes of the affection; otherwise the complaint continues progressive, or assumes the chronic form.—The treatment itself consists in the administration of the remedies and regimen already recommended for the Mimosis Acuta and Chronica, properly adapted to the case of the Mimosis Decolor.

234. Five grains of calomel may be given once a week, once in ten days, or once a fortnight. On the intermediate days, a SUFFICIENT, CONSISTENT ALVINE EVACUATION must be procured by pills of aloes and rhubarb, or by the infus. sennæ with the sulphat of magnesia.

235. Daily EXERCISE,—riding or walking,—morning, noon, and evening,—and a total change of AIR and of HABITS must be *stremuously* recommended.

236. The same attention to DIET is necessary as before. Lean mutton, beef, or fowl; biscuit; tea, or coffee; and after a time, a little ale, or negus, are the articles of diet principally to be recommended. Vegetables in general should be avoided as much as possible, especially greens, and even bread.

237. For other observations on the treatment of the Mimosis Decolor, I must refer my readers to the remarks made formerly, §§ 107—118, 141—146, which will sufficiently suggest what I might add in this place.—I have also prescribed the preparations of Iron. But as they have never been trusted to alone, I have not been able to ascertain precisely the effects of this remedy.

238. The Local Complications in the Mimosis Decolor generally yield to the proper treatment of the general affection, especially purgative doses of calomel. And this is satisfactory, and a confirmation of the Diagnosis.

239. But in dubious cases, it may be advisable to employ remedies for the local affection itself. These consist of bleeding, leeches, and blisters, especially the latter.—In the case of Affection of the Head, it is prudent first to bleed and apply a blister in order to remove the immediate attack; and to follow this treatment by the proper remedies for the Mimosis Decolor, by means of which the recurrence of affection of the head, and of the necessity for a repetition of the former remedies, may in general be obviated. —The same remarks apply to the Painful Affection of the Side or Abdomen.—In the case of Diarrhœa or Melæna, the pil. hydrarg. and ca-

lomel afford the most efficient remedies; they must, however, be conjoined with rhubarb or other gentle purgative, during the intervals of giving the former medicines.

240. The remedy for Leucorrhœa formerly alluded to is a *continued* local application of a solution of sulphat of zinc, in the proportion of from one to two drams and a half, to a pint of pure water. A similar solution has long been employed in cases of Leucorrhœa, injected by means of a syringe. This mode of application I have found altogether inefficient in protracted cases of the affection;—the application being momentary only, the effect is transitory and the remedy itself proves inefficient. The mode I have adopted, is to direct the patient to make a scroll of linen, of a form and bulk nearly sufficient to fill the vagina; this scroll is then fully imbued with the solution of sulphat of zinc, inserted, after washing with cold water, and renewed every three hours.

# CHAP. IV.

## THE MIMOSIS URGENS.

### SECTION I. THE DESCRIPTION.

241. I HAVE ventured to substitute this denomination for the very objectionable term, hysteria. The adjective expresses that character of HURRY, and of apparently imminent danger, so usual in almost all the forms of this affection, and will be understood by every reader by being associated with an English word, to which it gives origin.

242. The Mimosis Urgens, besides the characteristic just mentioned, is generally denoted by combining some considerable emotion of the mind, denoted by SIGHING, SOBBING, TEARS, OR LAUGHTER, WITH A SENSE AND EXPRESSION OF SUFFOCATION, AND WITH SOME URGENT AFFECTION OF THE HEAD, HEART, RESPIRATION, STOMACH, OR MUSCULAR SYSTEM.

243. The Mimosis Urgens most frequently occurs as symptomatic of the Mimosis Decolor, or of the more continued form of the Mimosis Acuta. But it is occasionally induced by severe mental emotions, as excessive joy or grief; and a less curable form of the affection has been occasioned by surprise, but especially by fright.

244. Of the Mimosis Urgens there are three forms,—the Mild, the Severe, and the Inveterate; and there are most numerous modifications.

245. The Mild Form of the Mimosis Urgens subsists as a tendency to alternate high and low spirits, to fits of laughter, to frequent deep sighing, and to tears. A fit of laughter, or of crying, sometimes takes on an aggravated character; the laughing, or the sobbing, becomes immoderate, convulsive, and involuntary, and there is frequently a peculiar spasmodic chucking in the throat. The countenance changes, being alternately flushed, and pale, and denoting great anxiety. There is frequently an urgent difficulty in breathing, with much rapid heaving of the chest. Sometimes a dry, spasmodic, and violent fit of coughing occurs. There is generally a sense, and appearance, and an urgent fear of impending suffocation. In different instances there is palpitation, hiccough, retching, or borboryg-

mus. The patient is despondent, and aggravates all her sufferings.

246. The Severe Form of the Mimosis Urgens consists in a various attack, catenation, or combination of the following symptoms:—

247. The commencement, course, or termination of this and indeed of every form of the Mimosis Urgens, is generally marked, and the case distinguished, by the signs of some inordinate mental emotion,—joy, grief, or other affection,—which constitute the most characteristic symptoms of this disorder, and have appeared to be literally *hysterical*.

248. The attack is frequently ushered in by an unusual appearance of the countenance,—a rapid change of colour, rolling of the eyes, distortion or spasmodic affection of the face. The extremities are apt to become very cold.

249. A state of general or partial, of violent or of continued convulsion, or of fixed spasmodic contraction, takes place, and displays every possible variety in mode and form.

250. The severe form of the Mimosis Urgens sometimes consists chiefly in a severe, general or partial pain and throbbing of the head. Oc-

casionally this pain is confined to one particular spot, and is so acute as to have obtained the appellation of clavus hystericus. Sometimes there is intolerance of light and noise. Sometimes a state of stupor; sometimes delirium.

251. The respiration is frequently much affected:—an oppressive and suffocative dyspnœa takes place; or the breathing is rapid, anxious, and irregular; or variously attended with sobbing, sighing, much rapid heaving of the chest, and sometimes with a spasmodic action of the diaphragm inducing a peculiar elevation of the abdomen, or an equally peculiar succussory movement of the trunk in general; sometimes the respiration appears to be suspended altogether for some time, the pulse continuing to beat as before.

252. A crowing noise, or screaming, is apt to occur in this affection. There is occasionally, hoarseness, or even an entire loss of the Voice, continued for some time.

253. There is sometimes a painful, violent, dry, hoarse cough, continued, or recurrent in paroxysms.

254. There is occasionally acute pain of the Chest or Abdomen.

255. Palpitation of the heart, and syncope are usual affections in the Mimosis Urgens. The pulse is otherwise little affected.

256. There is frequently an urgent sense of suffocation, accompanied with the feeling of a ball ascending into the throat; this symptom is so peculiar as to have obtained the denomination of globus hystericus, and is considered as diagnostic of this affection. Hiccough, and violent singultus; retching and vomiting; the sense of a ball rolling within the abdomen; borborygmus; great and sudden tumidity of the abdomen from flatus; constipation, &c. are usual symptoms in the Mimosis Urgens, and sometimes occur in paroxysms, and sometimes assume a more continued form.

257. There is frequently difficulty or retention of urine, succeeded by a very copious flow of limpid urine.

258. The Inveterate Form of the Mimosis Urgens,—id enim vitium quibusdam feminis crebro revertens perpetuum evadit,—consists sometimes in an almost perpetual agitation of some part of the body, the limbs, the respiration, the throat, or the stomach;—and sometimes in a state of continued contraction of the hand or

foot, or of some other part. In different instances too, there is a continued state of nervousness or agitation from the slightest noise or other cause, —of paralytic, epileptic, or spasmodic disease,— or of imbecility of the mind.

259. The attention has, I think, been too exclusively directed to the paroxysm of *convulsion* in this affection. Some of the *other* varieties in the attack of the Mimosis Urgens, are almost equally frequent. This affection is characterized, indeed, by affecting in the same, or in different instances, singly or conjointly, ALL THE SEVERAL SYSTEMS which constitute the human frame:—the organs of animal and of organic life;—the different sets of muscles, voluntary, involuntary, mixed, and sphincter;—the faculties of the mind, and the emotions of the heart;— the functions of the head, the heart, the stomach, &c. It is in thus viewing the Mimosis Urgens, that the diagnosis is often formed between its different and very various attacks, and other affections having a different origin, but of which it is the *imitator*,—nam nullos fere non æmulatur ex iis affectibus quibus atteruntur miseri mortales.

260. The varieties of the Mimosis Urgens are more numerous even than of the other forms

of Mimosis. They are also more *acute*, *urgent*, *and violent*. The following list, it is hoped, will be found tolerably complete:—

1. CONVULSION.
2. PAIN OF THE HEAD. DELIRIUM. STUPOR.
   PAIN OF THE CHEST. DYSPNŒA. COUGH. SUSPENDED RESPIRATION. A PAINFUL AFFECTION OF THE DIAPHRAGM. IMITATION OF CROUP; AND OF IMPENDING SUFFOCATION.
4. PALPITATION OF THE HEART. SYNCOPE.
5. PAIN OF THE ABDOMEN. HICCOUGH. RETCHING AND VOMITING.
6. DYSURY. RETENTION OF URINE.
7. APPARENT PARALYSIS.
8. TRISMUS. TETANUS. CONTRACTED HAND OR FOOT.

261. The attack of the Mimosis Urgens, under almost every modification, is acute, sudden, and hurried; the diagnosis must therefore be instituted between this disorder, and those morbid affections which occur suddenly or in paroxysms. The diagnostics will be attempted in the ensuing section.

262. It appears needless to exemplify the Mild Form of the Mimosis Urgens, § 245.

263. The Severe Form of this affection, §§ 246—257, is exemplified in almost all its varieties, by Case XLIII. § 190.

264. The Inveterate Form, § 258, is also illustrated by the same case, for it has at length assumed that form. The following case amongst numerous others, also presents an example of this stage of this singular affection:—

265. Case LVII. M. H. aged 30. September 16th, 1813. Her mother states that her complaint began *fifteen* years ago, and that during the last *five* years she has been unable to rise unassisted from her bed. During the whole of this period she has been subject to hæmatemesis, retching and vomiting, and to constipation of the bowels.—At present there are great nervousness; starting from the slightest noise; agitation on the approach of a stranger; general rapid and forcible tremor, so that the pulse can scarcely be felt; and an almost similar affection of the respiration; there is the strangest alternation of spasmodic heaving of the chest and protrusion of the abdomen; the nostrils and the head are moved at each respiration; there is often retching; and frequently retention of urine. This state of agitation is permanent. The affection is, at different times, attended with pain of the head, and a sense of uneasiness about the throat, and at the scrobiculus cordis.

## SECTION II. THE DIAGNOSIS, WITH CASES.

266. THE cases of the Mimosis Urgens requiring to be discriminated from other morbid affections, will be pretty fully understood on a perusal of the list given § 260. The Diagnosis is founded partly on the peculiar and different appearance of the particular cases of the Mimosis Urgens themselves; and partly on the precursory, concomitant, or successive occurrence of some unequivocal symptom of the Mimosis Urgens, and especially of the appearances of mental emotion, &c. noticed § 242, and of hurry and apparent urgency of complaint in general.

267. It is, in particular, in this manner that the paroxysm of Convulsion in the Mimosis Urgens, § 260, is to be distinguished from Epileptic or Puerperal Convulsion. The case unites the appearances described, §§ 249, 251, &c. There is probably some symptom of mental emotion; or some appearance *peculiar* to the Mimosis Urgens, especially the hurried and heaving respiration; or some circumstance in the History of the attack, which may lead to the Diagnosis.

Otherwise the physician must wait awhile and watch the course of the affection, and the succession of symptoms; in this manner some symptoms decidedly peculiar to the Mimosis Urgens will occur to prompt the discrimination. In the Epileptic or Puerperal Convulsion, there is an *absence* of these symptoms,—of mental emotion,—and of the appearances formerly deemed hysterical, § 247; and the patient seems to be rather a prey to some power which exerts a violent empire over the source of sense and muscular motion. The Mimosis Urgens may excite alarm; but the Epileptic or Puerperal Convulsion presents a far more dreadful aspect,—the face perhaps becomes deeply flushed and livid,—with foaming at the mouth,—more shocking distortions of the countenance and of the body, and a very different, and a more serious affection of the respiration.* By these means these affections will generally be distinguished. The student will do well to study the general aspect and course of these affections, in order to attain an aptness in their Diagnosis.

268. The Affection of the Head in the Mimosis Urgens, § 260, is exemplified by the following cases:—

* See further the treatise on DIAGNOSIS, Part II. §§ 290, 291.

269. Case LVIII. Miss F. aged 23, the patient whose case has been already noticed, § 181, became affected on September the 21st, 1818, with severe pain, and throbbing of the head, with intolerance of light and noise; she was bled several times, without relief. I saw her on the 24th. The pain of the head still appeared to be excruciating; she cried out on its being moved on the pillow by the nurse; she experienced great throbbing, and intolerance of light and noise,—the curtains were drawn, and the bells in the house were ordered not to be rung. She stated too that she experienced some pain of the left side. On my entering the room, there appeared a slight mental affection,—and shedding of tears. The pulse was about 110 or 120. The countenance was pale and exanguious; the hands pale, delicate, and puffed. There was a degree of anxiety or hurry. The motions had been scanty, dark coloured, fœtid, and scybalous.—This affection yielded most favourably to purgative medicines, as already stated, § 181.

270. The occurrence of Delirium is not very frequent. But I have witnessed it repeatedly. The case is identified by the occurrence of some symptoms peculiar to the Mimosis Urgens.—Delirium is noticed as occurring in Case XLIII. § 190.

271. The occurrence of Stupor as a form of the Mimosis Urgens, is by no means unfrequent. The case seems to be of the most urgent nature.

272. Case LIX. Some time ago, I received an urgent call to visit a poor woman said to be in an alarming state of insensibility. She was found without sense or motion, but, in other respects, unaffected with any particular symptom. The medical attendant had prepared his lancet to open a vein in the arm. In a short time, however, the patient recovered herself, and manifested symptoms which are peculiar to the Mimosis Urgens.—In another case which occurred in an aged woman, a vein had been opened under the idea that she was affected with Apoplexy. Some symptoms of an anomalous kind occurred, and she became affected with an unequivocal attack of the Mimosis Urgens. In similar or dubious cases it is proper to wait, and observe the change of symptoms, and particular inquiry must be made into the History, mode of attack, &c. of the affection. Perhaps the patient soon opens the eyes, sighs, is affected with dyspnœa, or bursts into tears. In general some unexpected and anomalous symptom occurs, to denote the nature of the affection.

273. In the Pain of the Chest in the Mimosis Urgens, enumerated § 260, the countenance

is expressive of great anxiety, hurry, and agitation, and the nostrils are moved with rapidity. The patient complains much, manifests great impatience, is urgent for relief, and calls out from the pain. The pain of the chest is extremely acute, and the part affected is described as excruciatingly tender on being touched, and the hand applied to it is usually pushed rudely away.

274. With or without the pain of chest, there is often an Urgent Dyspnœa; the respiration is rapid, hurried, with much characteristic heaving of the chest, sometimes with great and rapid movements both of the chest and abdomen, and often with a peculiar hissing noise.

275. The Cough, occurring as a form of the Mimosis Urgens, is exemplified § 190. It occurs in continued fits of incessant coughing; it is frequent, hoarse, and hissing;—æger creberrime tussit, fere sine intermissione, nihil prorsus expectorans.

276. Case LX. A. T. aged 24, has long been engaged in a sedentary employment, and has suffered from some of the symptoms of the Mimosis Decolor,—paleness, pain of the side, dry cough, and dyspnœa, and, when visited,

was affected in the following manner. There were the utmost anxiety of countenance, and great general agitation and impatience. The breathing was hurried, with a dry hissing sound in the throat, with much rapid heaving of the chest; there was a dry, hoarse, frequent, continued cough. The pulse was little affected. The skin natural. The bowels constipated.—She was soon relieved by an æther draught and liniment, and her general health was restored by purgatives.—Previously to the employment of these measures, she had been bled without any good effect, and indeed her symptoms were aggravated rather than relieved.

277. The case of Suspended Respiration is noticed § 190. It is not the least urgent of the forms of this affection.

278. The Painful Affection of the Diaphragm in the Mimosis Urgens is attended by the most acute pain in the epigastric region, extending to each side along the false ribs, and to the back; it is augmented occasionally by moving, or by the action of the diaphragm in respiration, and causes the patient to cry out; the respiration is irregular, perhaps performed by the chest alone; the nostrils move, the face is sometimes flushed, and there is often shedding of tears.

279. These cases are distinguished from Inflammation, by the History,—the occurrence of symptoms peculiar to the Mimosis Urgens,—the mode of attack which is sudden,—and the general aspect of the case which is hurried and urgent,—contrasted with the character of Inflammation already given, § 219.

280. The Imitation of Croup by the Mimosis Urgens takes place in such a manner as to deceive a cursory observer. The respiration and the cough have precisely the character of these symptoms as occurring in Inflammation of the Trachea. It is only by inquiry, waiting, and by cautiously observing the case, that the Diagnosis is to be instituted. On inquiry the attack will probably be found to have been marked by some symptom or character of the Mimosis Urgens; or by waiting, some such symptoms may occur to develope the mystery. The case is sometimes so urgent as apparently to demand an operation to prevent an impending suffocation.*

281. Case LXI. In a young woman, aged 15, the first symptoms which arrested the attention was a stridulous sound of the respiration; and circumstances conduced to render an attack of an inflammatory nature probable. She had

* See also Mr. Charles Bell's Reports, Vol. 1. p. 40.

been conveyed through the cold air, and appeared to be livid from cold. On being seen in bed, however, the nature of the disease became obvious, from the presence then, of globus, from the History, by which it was ascertained that other symptoms of the Mimosis Urgens had occurred, and from the absence of any affection of the pulse.—The patient was speedily relieved by the operation of a purgative medicine.

282. Palpitation and Syncope in the Mimosis Urgens are distinguished on the same principles of observing the History of the case, assisted by the observations made § 73.

283. The Pain of the Abdomen in the Mimosis Urgens is attended with great urgency of complaint; much anxiety and suffering; an extreme tenderness under pressure; a hurried and irregular state of breathing, &c. The countenance is expressive of an urgent anxiety; the patient is restless, impatient, and irascible, and pushes the hand applied to the abdomen rudely away; the general surface, and the pulse are, at the same time, little affected; there is sometimes vomiting, or a sort of retching; the bowels are generally constipated.

284. Case LXII. M. W. aged 35, and corpulent. She has several times been suddenly

attacked with the followiug affection. She complains of great pain and tenderness over the abdomen; but she manifests a tendency to exaggerate all her complaints, which are stated with a degree of instance and impatience not observed in Inflammation. She refuses to allow any examination of the abdomen, pushing the hand rudely away. There is also a degree of hurry in the breathing. The manner is altogether different from that of a patient affected with Inflammation.*—To these symptoms, others peculiar to the Mimosis Urgens succeeded.—The patient was effectually relieved by the operation of a purgative medicine.

285. The Hiccough or the Retching is sometimes of the most violent kind, and is apt to be long continued.

286. The Dysury or Retention of Urine is very common as a form of the Mimosis Urgens. Its duration is usually short. But it has continued occasionally for a long period; see § 190. It is distinguished by being combined with other symptoms of this affection.

287. A partial, but transient Paralysis of some of the limbs, § 260, has occasionally occurred in the Mimosis Urgens.

* See the treatise on DIAGNOSIS, Part II. § 164.

288. Trismus, Tetanus, Clenched Hand, or Contracted Foot, §§ 260, 190, are not uncommon as forms of the Mimosis Urgens. These affections generally occur, cease, and recur suddenly and unexpectedly; but they are often of considerable duration, and sometimes even appear to induce a partial dislocation.

289. Cases LXIII. and LXIV. C. W. aged 20. April 10th, 1812. She has been affected with symptoms of the Mimosis Urgens, and for many weeks, with Locked Jaw.—S. W. aged 18. September 15th, 1813, became affected with the Mimosis Urgens some time ago, from fright. She describes the globus and the fit of convulsion as having occurred repeatedly.—At present the muscles of the face are drawn into forcible contraction, inducing sharpness and elevation of the nostrils. For *many* weeks there have been Locked Jaw, and Locked Hands; the arms are affected with continued spasm, press forcibly against the side, and induce great tenderness; the thighs are also affected in a similar manner; they are bound down by means of the sheet,—otherwise they would spring forcibly upwards; the patella is immoveable; the toes are drawn forcibly towards the soles of the feet.

290. These affections are, like so many other forms of the Mimosis Urgens, illustrated by case

XLIII. I think them very common in protracted cases of this disorder, and could add many other instances if necessary.

291. All these forms of the Mimosis Urgens are alike distinguished by the characters given §§ 1, 242, and 247,—by hurry and by urgency. The occurrence of these symptoms in other forms of the Mimosis Urgens, which have possibly been omitted here, may lead to the identification of the affection; for I cannot hope that the list of the various forms of the Mimosis Urgens given § 260, is absolutely complete, or even comprehends all the important cases of this multiform disorder.—Dies quidem me deficeret, si *omnia* quæ hos affectus gravant symptomata, enumerare velim, tam diversa atque invicem contraria specie variantia, quam nec Proteus lusit unquam, nec coloratus spectatur Chamæleon.

## SECTION III. THE TREATMENT.

292. THE principal causes of the Mimosis Urgens have been enumerated, § 243. This affection has sometimes originated also from causes of weakness, as too long lactation;—and from fatigue, anxiety and watching. I have seen this affection in the most decided form, in the Male Sex.

293. The Treatment embraces two objects; the means of affording immediate relief in the paroxysm, and the mode of prevention.

294. The attack of the Mimosis Urgens is relieved by æther, sp. ammoniæ comp., opium, &c.; by stimulating liniments containing the same substances; by fomentation with hot water; and, if necessary, by blood-letting.

295. The prophylaxis consists in removing the original disorder, § 243, if the Mimosis Urgens depend on this cause; but especially in the due administration of Purgative Medicines, Diet, Air, and Exercise, the principles of which have been already detailed, §§ 107, 141, 233, et seqq.

# CHAP. V.

## THE MIMOSIS INQUIETA.

296. THE affection of which a *Sketch* is attempted in this place, occurs during the course of different diseases, and has been noticed by medical writers under the denomination of inquietude, to which has generally been added the epithet, mortal. The tendency of the Mimosis Inquieta is, however, very different in different instances;—for it is sometimes merely the effect of derangement in the digestive organs; sometimes it implies some obscure disease, as its cause; sometimes it arises from the too copious action of a purgative, or from too copious blood-letting; and it is sometimes the precursor of dissolution.

297. The Mimosis Inquieta is, in different cases, denoted by CONTINUAL RESTLESSNESS; WAKEFULNESS; DELIRIUM; CONTINUED RAPID, AND HURRIED BREATHING; FREQUENT DRY COUGH; A SENSE OF FLUTTERING AND HURRY; SOME SPASMODIC AFFECTION; HICCOUGH; AND GREAT FREQUENCY OF THE PULSE.

298. I shall now proceed to give a more particular and detailed description of this affection :—

299. The most frequent appearance of the Mimosis Inquieta is in the form of a perpetual restlessness and jactitation;—there is an expression of great anxiety, with a constant change of posture, and throwing about of the arms,—and a great appearance of hastiness, hurry, and alarm in the manner.

300. There is sometimes slight delirium manifested by an unconnected expression. But sometimes an active delirium occurs and appears as if it would wear out the patient.

301. At other times there is a hurried state of the breathing, with heaving, sighing, catching, and moaning,—more continued and less varied, than in the Mimosis Urgens, and unattended by other symptoms of that affection,—whilst there is the appearance of an impending dissolution in the expression and manner of the patient, who requires to be perpetually fanned, and to be placed in the open air.

302. Sometimes there is a continued fit of dry, husky cough,—which also appears as if it would finally exhaust the patient.

303. In some cases there is a continued sense of fluttering, hurry, and alarm in the region of the heart, of which the patient complains with instance.

304. The pulse is sometimes extremely frequent.

305. A continued spasmodic affection of some part of the body has appeared to exhaust the patient.

306. In other instances, a distressing hiccough, or a similar affection, has continued for a very long period.

307. The Mimosis Inquieta may probably comprise some other symptoms; but those I have enumerated are all which have hitherto particularly attracted my attention.

308. The Mimosis Inquieta from derangement of the digestive organs, wears a less formidable aspect, and is attended with less frequency of the pulse, than the other instances of this affection. It is when the longer continuance of the Mimosis Inquieta appears manifestly incompatible with the existing state of debility and exhaustion, that the affection puts on all its terrors. The occurrence of the Mimosis Inquieta

in the last stages of disease, combined with the signs of sinking, is generally mortal.

309. I shall now subjoin a few instances of this affection:—

310. Case LXV. affords an example of the occurrence of the Mimosis Inquieta from derangement of the digestive organs. It took place in the patient whose case is detailed, § 67. There was an alarming attack of active restlessness, and of rapid, heaving breathing. A mild purgative was prescribed, which effectually removed these symptoms.

311. Case LXVI. Mrs. B. aged 40. May the 18th, 1818. She miscarried a fortnight ago; her illness appears to have been prolonged by mental agitation; at present she suffers from the following symptoms:—the countenance and manner are not very anxious; but she experiences and manifests a perpetual sense of restlessness, and says that she feels as if she should be relieved by getting up and running about the room; she requires to be continually fanned; there is great wakefulness; the pulse is 150; there are sickness and retching, especially on moving. This patient recovered on taking mild carminative purgatives.

312. Case LXVII. Mrs. D. aged 33. August 1818. The following symptoms occurred twice in this patient, during the course of the affection denominated by Dr. Willan, the Summer Fever, and each time, apparently from the action of a purgative; the first attack was, however, much less severe than the second.—On the 5th, a purgative was ordered, which operated actively. During the succeeding night Mrs. D. was wakeful, restless, and somewhat delirious; I saw her at 5 a. m.; to the above symptoms there succeeded a hurried state of breathing, which continued three quarters of an hour, attended with a pulse accelerated from 125 to 140. Mrs. D. at length became more composed, and lay still with the eyes closed for about an hour. The breathing, however, again became hurried, the pit of the stomach was drawn in by a sort of spasmodic movement, once there was a little retching, and once a spasmodic affection of the diaphragm resembling hiccough, and the hands were clasped. The affection was relieved by bathing the face with cold water, admitting the fresh air and by fanning, and by twice giving fifteen drops of the tinctura opii and of the sp. ammoniæ comp. This affection recurred several times; at one time the pupils appeared contracted and *fixed*, and the body and limbs were stretched out spasmodically.—There was occa-

sionally some hurry of breathing on the 7th.—Mrs. D. eventually recovered.

313. Case LXVIII. Mrs. S. aged 45. She had long been affected with symptoms of the Mimosis Decolor. She became pregnant, and during the progress of gestation, there was considerable anasarca. She was confined a few days ago. In this patient great hurry and heaving of the breathing, and great fluttering about the heart took place, with frequency of the pulse, and continued with little variation until she expired.

314. Case LXIX. Mrs. T. aged 22. April 1818. This patient had laboured under the the symptoms of puerperal fever, when the following affections supervened. The first was a catching in the respiration with a protrusion of the pomum adami; then an attack of dry, husky, and repeated coughing; and an appearance of general agitation. This affection was removed by giving thirty-five drops of the tinctura opii. On the next day a similar attack again took place;—there were catching pains and motions in the neck, back, and right side of the chest, and of the diaphragm on the right side by which the false ribs of this side were visibly drawn inwards; hiccough, retching and eructation; irre-

gularity in the respiration; fits of a dry, and repeated cough.—This affection continued notwithstanding every remedy, and eventually exhausted the patient already much reduced by a severe disease and active remedies.

315. Case LXX. The last case is that of a little boy reduced by copious bleeding for an inflammatory affection. There supervened a continued state of irritability of temper, so that, when apparently exhausted, the little patient made great efforts to bite, scratch, and beat its attendant. This state of agitation continued until the powers of life became extinct.

316. The Mimosis Inquieta must be carefully distinguished from the Mimosis Urgens. The Diagnosis is formed by observing that the general character of the former complaint is without the peculiarities of the latter, described §§ 247, &c.; that it is in general more serious and alarming; and that its continuance is, in all but the case arising from disorder of the digestive organs, manifestly incompatible with the existing exhaustion, debility, or disease.

317. When the Mimosis Inquieta arises from a disordered or loaded state of the stomach or bowels, § 296, a purgative is the remedy on which most reliance is to be placed.

318. In the case of an obscure disease, § 296, it is plain that this must be removed before relief can be obtained.

319. In the other cases, the tinctura opii, the sp. ammoniæ comp., wine; stimulating liniments; proper fluid nourishment, cautiously given with wine; bathing the face with cold water; the effervescing medicine; fanning, and a free air, are the principal remedies.

## CONCLUDING OBSERVATIONS.

320. TOO much praise cannot be conferred on those members of the profession, who have so well elucidated the nature and treatment of some of the subjects of the preceding pages. There is no doubt, indeed, that this investigation of the Mimoses was suggested to me by what I have learnt from the invaluable labours of Dr. Hamilton, Mr. Abernethy, and other respectable writers. My situation in Nottingham, however, has been a principal cause of fixing my attention on a Class of Disorders, of which the usual causes are sedentariness and confinement. This town, so celebrated for its manufactories of cotton stockings and lace, embraces a very extensive population, a great majority of which,—men, women, and children,—are engaged from morning till evening, in the numerous sedentary occupations which these manufactories imply,—deprived of the salutary influence of pure air and gentle exercise.

321. To these numbers, which are peculiar to my situation, must be added the sedentary amongst the remaining part of the population,—the literary, persons of a delicate mode of life, females in general, tailors, mantua-makers, and the youthful inhabitants of the schools.

322. Nor is sedentariness the only cause of the Mimoses, the operation of which is peculiarly frequent amongst the poor of Nottingham. I have noticed the frequent occurrence of the Mimosis Decolor in cooks and housemaids. The same remark applies equally to those persons who are much engaged in 'ironing,' and, of consequence, much confined to an atmosphere overheated by stoves for the purpose of quickly drying the articles subjected to this process.

323. To this view of the causes of the Mimoses, peculiar to a manufacturing town, may be added the baneful influence of a confined and impure atmosphere, and an indigestible and poor diet,—an influence which we learn to estimate more perfectly, by adverting to the impediment they afford to our attempts to cure, and to the beneficial effects of the country air and exercise, with a proper and nutritious diet.

324. A certain activity of the body would appear to be necessary to insure the peristaltic movements of the intestines, and, in consequence, the propulsion of their contents. During sedentariness, these movements are probably retarded, the alvine evacuation becomes more scanty or less frequent, and the intestines remain loaded.

325. From this loaded state of the bowels, their functions, and those of ALL the chylopoetic

viscera, most probably become deranged. The alvine contents become disordered merely by delay; and their presence induces in its turn, a disordered state of the functions,—secretions or actions,—of all the organs contributory to digestion, and at length of other organs more remotely situated in the animal frame.

326. The functions of the parts within the MOUTH become first obviously disordered. The secretions become morbid; the tongue becomes loaded and swollen; the gums red and tumid; the breath tainted; and the saliva sometimes profuse and offensive. The COMPLEXION and the SKIN become morbid, and there are the appearances observed in the Mimosis Acuta, or the Mimosis Decolor. This condition of the complexion and skin varies with the state of the original disorder, and with that of the tongue and internal mouth, of which it affords indeed an INDEX. With the state of the mouth and skin, that of the secretions and other functions of the whole course of the ALIMENTARY CANAL and the contributory digestive organs,--the LIVER, the PANCREAS, &c. may be *presumed* to be all morbidly affected. Digestion is variously deranged; the contents of the bowels become unnatural; and thus *reciprocally*. According to the state of things, nutrition is impaired, or the sensations are uneasy and painful.—To term these disor-

ders stomachic, intestinal, hepatic, or bilious, would alike afford partial and inadequate views of this comprehensive subject. As co-existent or subsequent links of this chain of sympathies, the functions of the BRAIN, HEART, RESPIRATION, STOMACH, INTESTINES, UTERUS, BLADDER, ETC. become variously affected. The MUSCULAR SYSTEM and the SENSES also suffer in different instances. And nutrition, absorption, and secretion are impeded or impaired.

327. From this view of the subject, the character of the MIMOSES, § 1, may be deduced. And the recurrence of this word, leads me once more to apologize for the introduction of a new denomination for these diseases. I have been induced to adopt this term, first, to prevent a great deal of circumlocution; and, secondly, because I could find no other in use, which was not objectionable from implying some hypothetical view of the subject. These motives, I trust, will appear sufficient to justify the innovation. I can at least conclude in the words of MORGAGNI,—longe mihi potior cura est veritatis quam novitatis.

FINIS.

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